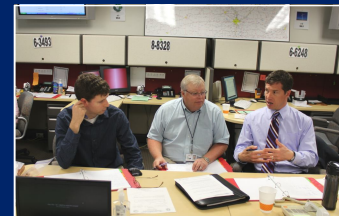


Annual Report 2011



Dear Fellow Kansans



Glad tidings from the Kansas Department of Health and Environment. Thank you for taking the time to read KDHE's 2011 Annual Report.

This past year, the Department made great strides in strengthening partnerships with communities to improve health outcomes for Kansans and worked alongside stakeholders to ensure protection of our state's natural resources. I think you will agree that, even though there is room to achieve many more accomplishments, Kansans can be proud of its public health and environmental protection agency for the services it provided in 2011.

There is no question that 2011 brought significant and beneficial changes to the agency's organizational structure. In accordance with Executive Reorganization Order 38, a new division was created—KDHE's Division of Health Care Finance (DHCF) stood up on July 1 and was the result of a merger between KDHE and the Kansas Health Policy Authority. DHCF oversees the Kansas Medicaid program and the State Employee Health Plan. Another merger took place within KDHE—the Bureau of Public Health Preparedness and the Bureau of Local and Rural Health became the Bureau of Community Health Systems in June.

The Center for Performance Management was established in May with the appointment of a Performance Improvement Manager to support and facilitate public health initiatives internally at KDHE and externally with local health departments and other partners in the public health system. The Center, though structurally organized within the Division of Health, contributes to quality improvement and performance management across the agency in all three divisions. These organizational changes not only achieve efficiencies within state government but provide greater quality of services for Kansans. Additionally, the Division of Health's Center for Health Disparities took a different name to become the Center for Health Equity.

KDHE initiated Strategic Planning activities in 2011, and, through this, the Department has identified more opportunities for collaboration and has set the Strategic Priorities for the agency. KDHE's priorities and objectives will help expand and strengthen key partnerships around the state as well as support the ongoing work to achieve the goals set forth in Governor Brownback's Road Map for Kansas.

Other notable accomplishments for KDHE this year include: Conducting an awareness and education campaign about infant mortality to involve more communities in the efforts to decrease the rate in the State of Kansas; Establishing a voluntary program called Compliance Assistance Visits to help parties regulated by the Bureau of Waste Management to better understand applicable rules and give them an opportunity to correct problems outside of the traditional compliance and enforcement program;

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Improving Workplace Health and Wellness within the State Employee Health Plan by developing a new health and productivity program called “HealthQuest Rewards Program”; Developing the Kansas Environmental Public Health Tracking web portal; Launching the ACE youth tobacco cessation program as an alternative to high school suspension programs for student tobacco users; Developing a Request for Proposal to purchase an off-the-shelf, state-of-the-art computer Laboratory Information Management System (LIMS) to replace the current obsolete computer systems at the Kansas Health and Environmental Laboratories; Issuing more than 600 air construction permit documents allowing Kansas companies to build new or expand existing industry; and Drafting a Request for Proposal to provide all Medicaid services through an integrated-care delivery model called KanCare. Additionally, the Office of Vital Statistics commemorated its 100th anniversary July 1, and KDHE had 36 additional private health care providers and 42 school districts register to use the Kansas Immunization Registry, KSWebIZ.

In 2011, KDHE’s accomplishments within public health, environmental protection and health care finance set the standard high and provided the vision for what we expect to achieve next year. Successes within health promotion activities like tobacco cessation and obesity prevention, the interoperability between public health and the Medicaid program, and the value-added assistance to new or expanding industry all demonstrate KDHE’s great level of commitment to the health and safety of Kansans.

As we reflect on the great work of KDHE and its community partners, I hope you’ll join me in looking forward to what’s ahead and collaborating on the state’s 2012 initiatives aimed at a healthier, cleaner Kansas.

Sincerely,
Robert Moser, M.D.
Secretary and State Health Officer
Kansas Department of Health and Environment



Our Vision

Healthy Kansans living in safe and sustainable environments

Our Mission

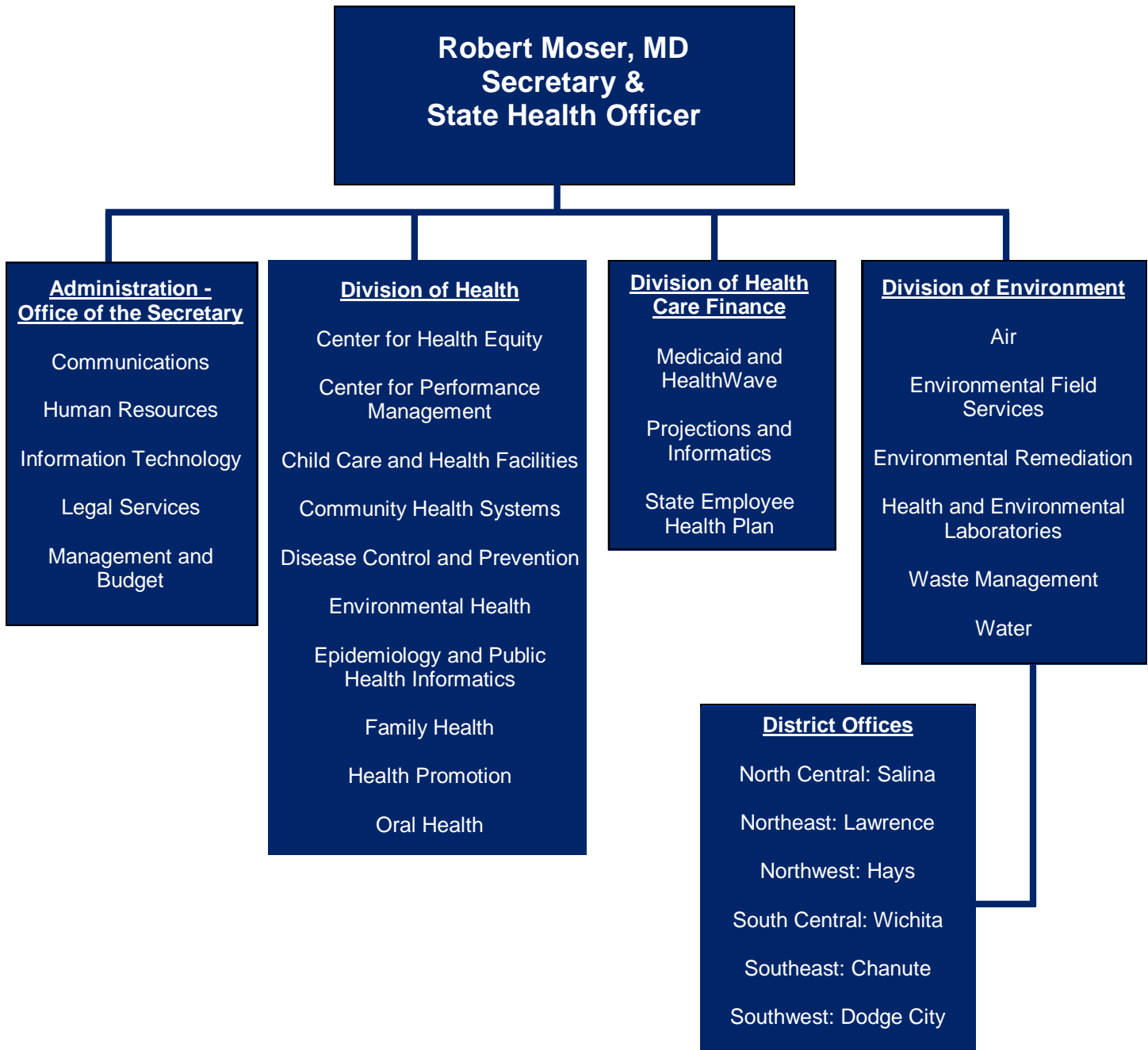
To protect and improve the health and environment of all Kansans



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KDHE Organizational Chart



2011 Legislative Summary

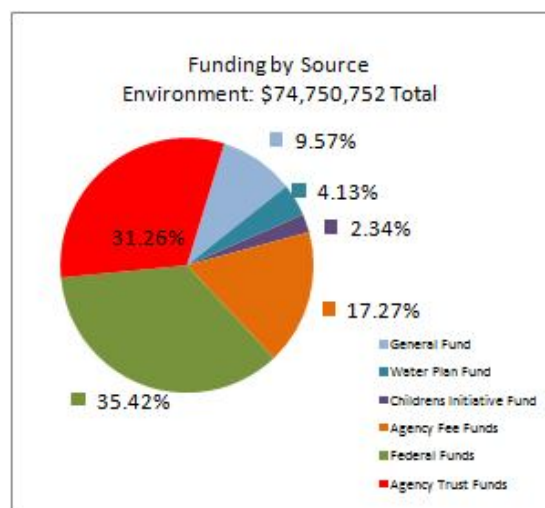
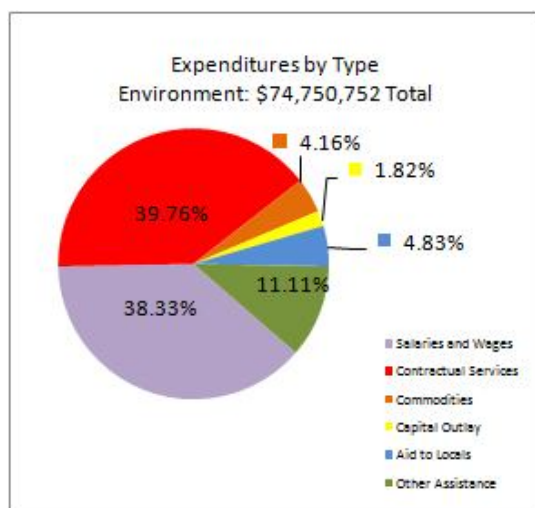
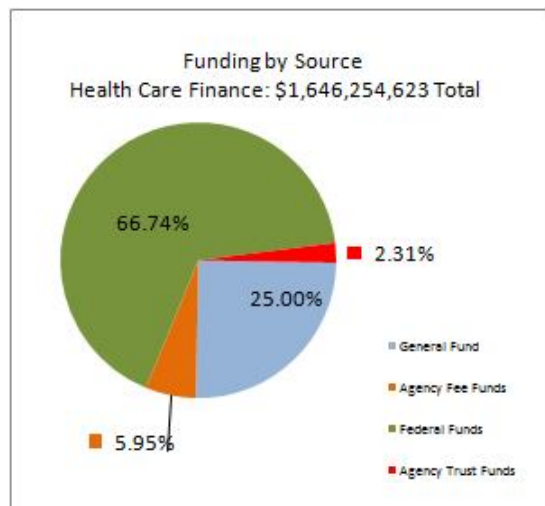
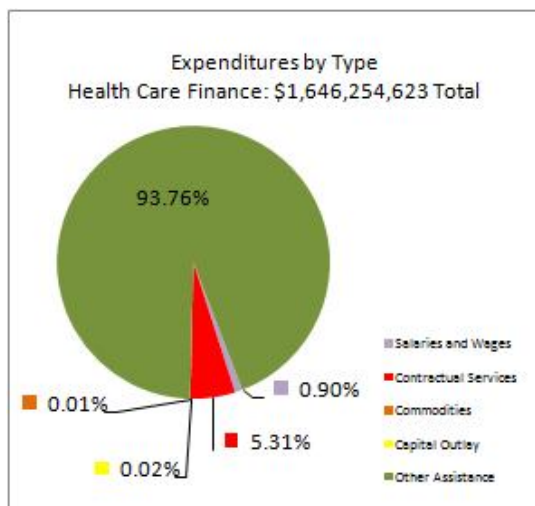
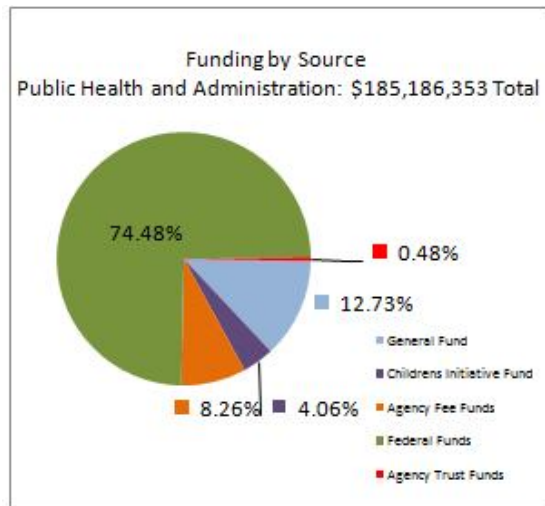
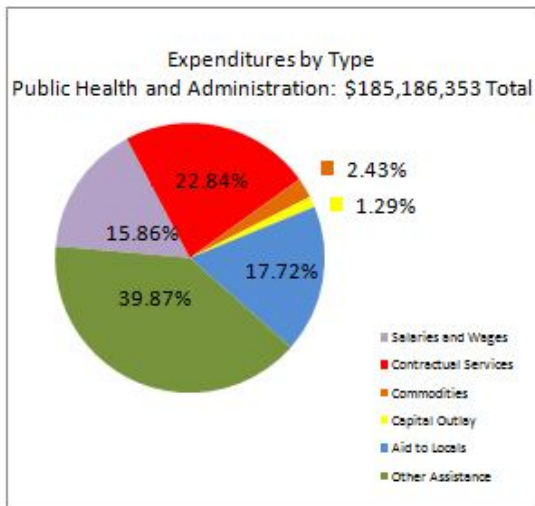
H sub SB 36: Abortion Clinic Licensing – This legislation requires the Secretary of Health and Environment to adopt regulations for the licensing of Abortion Clinics.

HB 2182: Mega Health Bill – Comprised of several pieces of legislation, it included the Kansas Health Information Technology and Exchange (KHITE) Act, which will harmonize Kansas law with the Health Insurance Portability and Accountability Act (HIPAA). Specifically, the bill eliminates barriers to health information exchange (HIE) and adopts several HIPAA privacy rule provisions as Kansas law. This addresses the accessing, safeguarding and disclosing of patient health information. Another piece of legislation within the Mega Health Bill changes the state trauma statutes to provide peer review protections for the regional trauma councils and the Advisory Committee on Trauma. These will allow trauma care providers to participate in trauma system quality improvement.

HB 2218 and HB 2035: Fetal Pain and Woman's Right to Know bills – The passage of these two bills gave KDHE the opportunity to update the Woman's Right to Know booklet, video, website and directory. The booklet now contains new embryological information that is thoroughly cited by scientific sources. The new website features updated imagery of an 8 week old unborn child, and the directory contains current information of service providers.

ERO 38: This executive order, approved by the legislature, brought the former Kansas Health Policy Authority into KDHE as the Division of Health Care Finance. This reorganization will increase efficiency and eliminate redundancies and allow for an improved focus on public health and better health outcomes.

Fiscal Year 2011 Expenditures



ERO 38 and Medicaid Reform

During the 2011 Legislative Session, Governor Sam Brownback signed Executive Reorganization Order (ERO) No. 38, establishing the Division of Health Care Finance (DHCF) within the Kansas Department of Health and Environment (KDHE). This ERO abolished the Kansas Health Policy Authority (KHPA). The DHCF within the KDHE oversees the state's Medicaid program, the State Employee Health Plan and the State Self-Insurance Fund workers compensation program.

The merger took effect July 1, 2011, and, through administrative efficiencies, has resulted in approximately \$1 million in savings. After adding DHCF as a third division within the agency, KDHE has a fiscal 2012 budget of about \$1.9 billion and 1,200 employees.

This reorganization creates:

- Effective purchasing and administration of health care.
- Improved coordination of health programs, including a focus on workforce development.
- Improved health promotion and disease prevention.
- Disease management based on "provider-led, evidence-based" guidelines.
- Development of a robust health information exchange network.
- Evidence-based policy-making based on centralized data collection and analysis.

KanCare

Under this new organizational structure, DHCF plays a key role in the Governor's plan to reform Medicaid in Kansas. Along with the Lieutenant Governor and other state agencies, KDHE facilitated a Public Input and Stakeholder Consult Process in 2011 to collect ideas and suggestions from stakeholders—consumers, advocates and providers—to aid in the development of a new Medicaid program called KanCare. The goal is to reduce Medicaid costs for taxpayers while increasing the quality of services provided to beneficiaries.

After public forums in Topeka, Wichita, Dodge City and Overland Park, the Administration unveiled the plan for KanCare on Nov. 8. KanCare is scheduled to be implemented in 2013 and bring integrated, whole-person care to Kansas' 300,000-plus Medicaid consumers. The DHCF is responsible for KanCare oversight and finances, while the Kansas Department on Aging and Kansas' Social Rehabilitation Services are planning for a reorganization to allow each agency to focus on different populations to be served by KanCare.

Over five years, the state expects to reduce growth in Kansas Medicaid spending by 8 to 10 percent, which equates to one-third reduction in total Medicaid growth. Based on a conservative baseline of 6.6 percent growth in Medicaid without reforms, the outcomes-focused, person-centered care coordination model executed under the RFP is expected to achieve savings of \$853 million over the next five years. These savings occur without cutting provider rates, limiting eligibility or reducing essential benefits.

For more about Medicaid Reform in Kansas, visit the Kansas Medicaid Reform Web Page at http://www.kdheks.gov/hcf/medicaid_reform_forum.

2011 Harmful Algal Blooms

In 2011, cyanobacteria blooms, commonly referred to as blue-green algae or Harmful Algal Blooms (HABs), emerged as a critical environmental health concern in Kansas. The Kansas Department of Health and Environment (KDHE) responded to reports of HABs throughout Kansas public recreational water bodies in order to prevent adverse health outcomes among humans and animals. Sampling of water bodies began in mid-March and extending into late October.

The response was a coordinated effort between both the Division of Environment and the Division of Health and included various local, state and federal partners: the Kansas Department of Wildlife, Parks and Tourism (KDWPT), the Army Corps of Engineers (ACOE), Kansas State University and local health departments. A new HAB data management system was developed in conjunction with the KDHE Information Technology staff to provide a more coordinated and efficient workflow. When a HAB report was received via the online reporting form, Bureau of Environmental Health (BEH) staff validated the information and sent a sampling request to the Bureau of Environmental Field Services (BEFS), which in turn would identify and arrange for sampling and analytical activities.

KDHE initiated weekly conference calls with KDWPT and ACOE staff, as well as other lake managers, to discuss sampling results. The Bureau of Water worked with public drinking water suppliers to notify them of any sources that would affect their supplies and verify that processes were in place to manage potential algal impacts. Human and animal illness report forms were made available on the blue-green algae website. When an illness form was submitted, an epidemiologist from the Bureau of Epidemiology and Public Health Informatics (BEPHI) would initiate an investigation. Finally, KDHE and external partners made an effort to increase HAB awareness within the public and health care professional communities. Letters were sent to physicians, nurses and veterinarians in the state at the beginning of the season encouraging health care professionals to consider exposure to HAB-affected waters when making diagnoses. The Office of Communication issued a press release each week to notify and update the public on the current status of lakes that were tested. These press releases included information about which Kansas water bodies were currently under an Advisory or Warning and outlined precautionary measures.

Between March 18 and Oct. 31, there were 41 requests for testing; of which, 38 unique water bodies were tested after validation of the report. There were 240 tests recorded with an average of 6.3 tests per lake. Public Health Advisory Levels were assigned based on the results of the sampling. The average number of days at an Advisory level was 25.1 days and the average number at a Warning was 51.9 days. The average number of days for any type of Public Health Advisory Level was 62.1 days. Specific lakes that required repeated follow-up sampling included Cheney, Big Hill, Marion, Perry, Milford and Logan City Lake (Table 1). Twenty-nine Kansas counties were affected by HABs during the 2011 season (Figure 1). Of the 26 human illness reports received by KDHE, 19 were validated. Of those, six were designated as not a case, one remains a suspect case, five were designated as probable, and seven were confirmed. Of the eight animal illness reports received, seven were associated with Milford Lake, including four deaths.

Table 1: Number of days at an Advisory or Warning status by lake, 2011

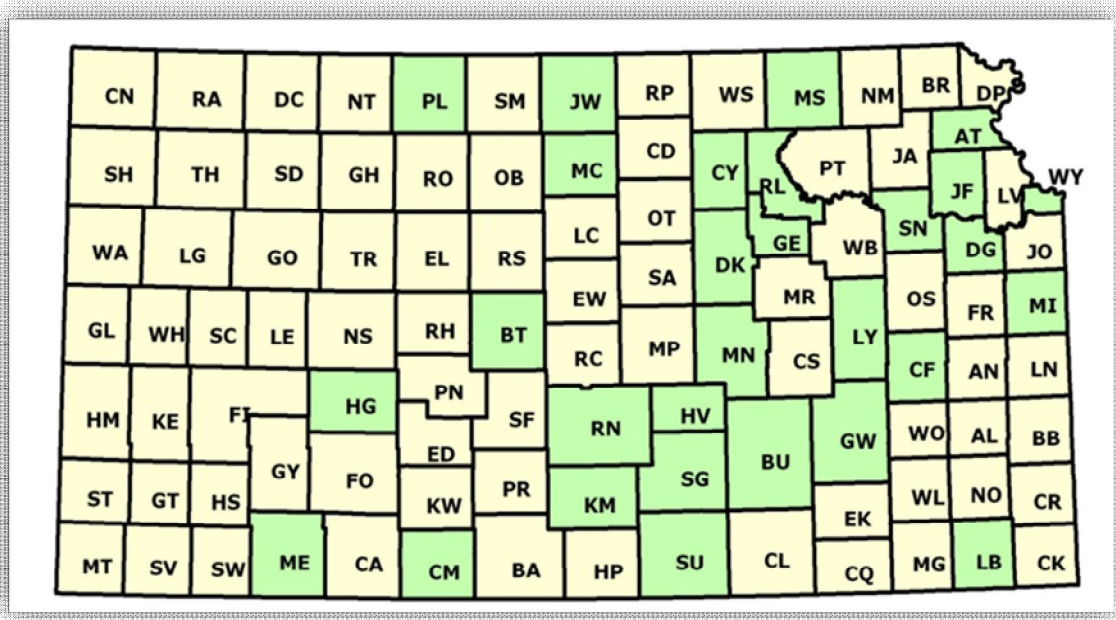
Lake	Advisory (number of days)	Warning (number of days)	Total (number of days)
Cheney	21	11	32
Big Hill	35	0	35
Marion County	63	28	91
Perry	20	7	27
Milford	28	70	98
Logan City Lake	76	63	139

continued...

2011 Harmful Algal Blooms

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Figure 1: Kansas Counties Affected by Harmful Algal Blooms in 2011



Though this was not the first year that KDHE monitored HABs in Kansas water bodies, this summer's extreme heat, coupled with elevated levels of nutrients and other just-right-for-HABs conditions, produced levels of toxicity that had never before been recorded by KDHE field service staff. This year, the 2010 KDHE Blue-Green Algae Response Plan was fully operational; however, the complexity of 2011 HAB season has prompted revisions to the Response Plan.

KDHE worked extensively with federal, state and local partners to develop the observation protocols for these activities. The issue of blue-green algae is important in that it affects quality of life, as we are all dependent upon clean and safe water for our basic needs. KDHE does not expect this environmental public health concern to be resolved by its own accord. Causes contributing to the expected recurrent blooms are far ranging and include such factors as land usage practices, natural erosion and sediment deposition and the aging of Kansas lakes. In Kansas, each resident, whether urban or rural, lives within a watershed and we all must work toward a shared goal of having abundant safe water. KDHE continues to foster and promote good stewardship of this precious natural resource.

Division of Health

The **Division of Health** exists to protect and improve the health of every Kansan. It does this in most cases not by dealing directly with individuals, but with populations. While practitioners of clinical medicine focus their attention on the health of patients, the public health professionals working in the Division of Health focus their attention more on the health of society. The emphasis is less on cure and more on prevention; less on treatment after the fact and more on preserving health before it is lost. Specifically, the division's mission is to strengthen the state's overall public health system so that conditions that support optimal health can be maintained and enhanced in every community in the state.

KDHE public health professionals seek better understanding of the causes of poor health while working to develop feasible program and policy solutions. Health problems that garner the most attention are those having both a large impact in terms of morbidity and mortality, and those with the greatest potential for prevention. Solutions are sought for each major health concern by addressing the underlying root causes. Scientifically sound interventions make it easier for people to make healthy choices and take better care of themselves and their children, regardless of their income or access to medical services. In this way, the Division of Health carries forward the reforming work of the state's public health pioneers who, a century ago, understood that the most lasting improvements in community health result not from expanding medical treatment facilities, but from creating a healthier context in which all Kansans live, work and play.

The Division of Health is responsible for:

- Assisting Kansas communities in establishing systems to provide public health, primary care and prevention services.
- Licensing and regulating a variety of day cares, preschools, foster homes, residential centers, hospitals and treatment facilities.
- Credentialing health care workers.
- Investigating disease outbreaks and helping to prevent the spread of disease by promoting healthy behaviors and immunizations.
- Educating the public about chronic diseases and injury prevention.
- Addressing the special needs of children through infant screening programs, nutrition programs and services for children with special health needs.
- Managing the civil registration system for the state by collecting and processing records on births, deaths, marriages and divorces and providing reliable statistics to policymakers, program managers and the public.
- Protecting the public from such hazards as lead, asbestos and radiation.
- Providing leadership to mitigate, prepare for, respond to and recover from disasters, infectious disease outbreaks, terrorism and mass casualty emergencies.

Through a partnership with the people of Kansas, the **Bureau of Health Promotion (BHP)** promotes healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death for all.

The Bureau is responsible for the core public health functions related to reducing the preventable burden of chronic diseases and injuries that keep Kansans from reaching their full potential. Program activities are supported by state, federal and private grant funds, which are obtained through competitive processes and through collaboration with partner organizations to leverage funds from existing resources.

Programs/Sections

Healthy Kansans

The Bureau leads a state health planning process called Healthy Kansans 2020, which identifies priority actions for improving the health status of Kansans. The strategic planning process emphasizes multi-sector collaboration to address selected priorities and is being designed to support the agency's preparation for public health accreditation.

The **Kansas Arthritis Program (KAP)** reduces the burden of arthritis among Kansans. Increasing awareness of the impact of arthritis and expanding access to and use of evidence-based physical activity and self-management programs to control arthritis pain and disability are primary strategies to assist Kansans in minimizing the negative impact this disease has on their ability to pursue life goals.

The **Comprehensive Cancer Prevention and Control Program** works to reduce the incidence of cancer and its impact on the lives of Kansans. The program facilitates the active participation of over 200 partners in the Kansas Cancer Partnership in setting program priorities for the state's Comprehensive Cancer Control Plan. The plan is grounded in Kansas-specific data and outlines strategies to strengthen coordination of primary prevention efforts; increase participation in screening and early detection; assure quality treatment and pain management; improve survivors' quality of life; and increase use of hospice services in Kansas.

The **Early Detection Works Program** provides payment for breast and cervical cancer screening and diagnostic services to uninsured/underinsured women who meet income and age (40-64) guidelines. The number of women requesting this support has been increasing annually, with over 30,000 enrolled since 2007. The program also provides population-based education and awareness on the importance of screening and early detection for colorectal cancer.

The **Heart Disease and Stroke Prevention Program** aims to decrease death and disability from cardiovascular disease by supporting improved quality of care for high blood pressure and high cholesterol in primary care settings, increasing awareness of the signs and symptoms of heart attack and stroke and working directly with employers to support their efforts to improve the management and prevention of chronic illness among their workforce.

The goal of the **Kansas Diabetes Prevention and Control Program (DPCP)** is to reduce the burden of diabetes in Kansas through a multidimensional approach to diabetes control. The Kansas DPCP convenes stakeholders from across the state to form the Kansas Diabetes Action Council (KDAC). KDAC has developed – and is now implementing – the Kansas Diabetes Plan 2008-2013 for primary prevention, quality of care, patient self-management and systems and community change actions, as it works to assure a coordinated state diabetes public health system. As a result of this process, KDAC launched a website to disseminate information for health professionals on clinical guidelines, standards of care and best practices for treating people with diabetes. Information is also made available to help those living with diabetes to better manage the disease in order to reduce complications such as blindness, lower extremity amputations and kidney failure. For more information, visit www.kansasdiabetesactioncouncil.org

Bureau of Health Promotion

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Bureau of Health Promotion

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The **Injury Prevention Program** facilitates statewide planning related to the prevention and control of injuries and to strengthen injury surveillance programs. The program facilitates the activities of the Safe Kids Kansas Coalition, the Kansas Fire Injury Prevention Program (KFIPP) and the Emergency Medical Services for Children Program. During the past 10 years, 29,079 child safety seats and booster seats have been distributed to low-income families. Child seats have also been provided to 123 children with special health care needs over the past seven years. Additionally, more than 127,500 bicycle helmets have been distributed through the Cycle Smart program since 1993. Through the KFIPP, in 2010,

2,392 smoke alarms and 6,662 carbon monoxide detectors were installed in Kansans' homes. The program also conducts suicide prevention activities and provides funding and technical assistance to communities to support sexual assault prevention education.

The **Physical Activity and Nutrition (PAN) Program** is dedicated to decreasing obesity and other chronic disease by increasing the number of Kansas residents who have the knowledge, motivation and opportunity to make lifestyle choices that promote healthy eating and increased physical activity through state level leadership and coordination that reaches communities across the state.

The Bureau's **Health Risk Behavior Surveillance Program** conducts a continuous, confidential, population-based telephone survey of Kansas adults through the Behavioral Risk Factor Survey System (BRFSS) to estimate the prevalence of health risk behaviors, utilization of preventive health practices and knowledge of health risks among Kansas adults. Additionally, Bureau programs conduct youth surveys to estimate the prevalence of tobacco use among middle and high school students, and monitor the prevalence of risk for obesity among Kansas children in grades 6-12.

The **Tobacco Use Prevention Program (TUPP)** is committed to improving the health and lives of all Kansans by reducing use of and exposure to tobacco. The program works in concert with state and local partners to promote interventions that are consistent with the CDC's Best Practices for Tobacco Use Prevention recommendations for action. Limited funding is awarded to community coalitions to support their efforts to eliminate exposure to secondhand smoke, promote tobacco cessation among youth and adults, prevent initiation of tobacco use among youth and identify and eliminate tobacco use disparities. A toll-free Kansas Tobacco Quitline, 1-800-QUIT-NOW (784-8669), is available 24 hours a day, seven days a week to provide individual counseling, information and resources for tobacco cessation, including nicotine replacement therapy (patch or gum) to qualified individuals.

Healthy Kansas Schools is a collaborative project between KDHE and the Kansas State Department of Education to assist schools in creating healthy school environments. Through two privately funded grant initiatives, Healthy Kansas Schools is working toward a statewide surveillance system to collect information on individual student's fitness levels and academic performance. Healthy Kansas Schools is also providing professional development to physical educators on increasing physical activity during the school day.

The **Disability and Health Program** is designed to develop, sustain and support activities to improve the health and quality of life for people with disabilities. This includes building the capacity of communities to address violence against individuals with disabilities through the creation of multi-disciplinary teams.

The **Kansas Healthy Communities Program** works with community coalitions throughout Kansas to support community leaders' ability and commitment to establishing, advancing and maintaining effective population-based strategies that reduce the likelihood of residents developing premature chronic disease. Policy, systems, environmental and infrastructure changes to reduce exposure to tobacco, increase physical activity and promote healthy food choices have broad reaching, highly impactful and sustainable success in reducing the onset of chronic disease. Chronic Disease Risk Reduction Grants provide financial and technical assistance to communities to address these leading risk factors (tobacco, physical inactivity and unhealthy eating). The program responded to more than 2,100 requests for assistance in 2011.

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2011 Accomplishments

Bureau of Health Promotion

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- The Kansas Cancer Registry (with the University of Kansas) once again received a Gold Standard rating for completeness of data. The efforts of the registry, together with the cooperation of laboratories, hospitals and other reporting facilities, means that Kansans are informed about the incidence of cancer in the state and can be assured that the data collected is complete, accurate and confidential. The Gold Standard award is presented by the North American Association of Central Cancer Registries.
- The Kansas Healthy Schools program leveraged private funding to provide support for systematic collection of fitness indicators for Kansas children that can be correlated with academic progress and student absenteeism.
- Technical support and resources were provided to employers throughout the state to address vending, physical activity and tobacco use policies, promoting value-based benefits to improve worker health and productivity.
- The Kansas Behavioral Risk Factor Surveillance System (BRFSS) program provided 2009 local level estimates of health risk behaviors to 61 individual counties and 16 Health Preparedness regions as a result of expanded data collection. Data was made readily available electronically through the BRFSS website and hands-on training was provided to staff in over half of the state's local health agencies to optimize use of the data.
- Over 175 leaders have been trained in 58 counties in Kansas to facilitate the evidence-based Chronic Disease Self-Management Program – Kansans Optimizing Health Program (KOHP). Additionally, partnerships were developed to facilitate promotion and adoption of Walk With Ease, an evidence-based program to reduce arthritis-related disability, offered in individual and group formats.
- In 2011, the Early Detection Works (EDW) breast and cervical cancer screening program met all 11 CDC core indicators for diagnostic services, indicating that Kansas women received timely services from screening through diagnostics to treatment. The program was recognized at the national level as a model for data completeness and quality services.
- In Spring 2011, the Comprehensive Cancer Program expanded community outreach initiatives in collaboration with the American Cancer Society, Kansas Association of Gastroenterologists and cancer centers across the state to provide education to Kansas residents about the importance of colorectal cancer screening and early detection.
- The Heart Disease and Stroke Prevention Program (HDSPP), in collaboration with partners, leveraged \$770,000 in private funding to assist 210 employers over a three-year period to improve the health of their employees. The HDSPP Worksite Assessment Tool will be used by employers to guide evidence-based policy, systems and environmental changes to their respective worksite to support employee health.
- The Kansas Quality of Care Project (KQCP) is working with 36 clinics to improve quality of care for diabetes. Twenty-four of those clinics are also implementing strategies to improve the quality of care for individuals with hypertension and hyperlipidemia.
- The Physical Activity & Nutrition (PAN) program has completed its third year of the Senior Farmers' Market Nutrition Program (SFMNP) with a 30 percent increase in voucher redemption. Operation was expanded to 29 counties and the Potawatomi Reservation, increasing access to Kansas-grown fresh fruits, vegetables, herbs and honey to low income seniors.
- The Tobacco Use Prevention Program (TUPP) provided cessation training to dental providers who volunteered their services at the annual Kansas Mission of Mercy Dental Event in February. The event provided free dental services to 1,500 participants over a two day period. Over 200 provider fax referrals were submitted to the Kansas Tobacco Quitline as a result of the provider intervention.
- The Kansas Quality Of Care (KQOC) partnered with the Tobacco Use Prevention Program to increase use of the Quitline fax referral option by physicians.

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Bureau of Health Promotion

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- The ACE youth cessation program was launched in 2011. This evidence-based program is an alternative to school suspension programs for high school tobacco users. The program establishes a system in high schools with educators acting as "coaches" to connect youth directly to individualized web-based techniques, skills and strategies to address their tobacco use. The school-based program promotes model wellness policy expectations and establishes a quit coach at schools to provide on-going support and opportunities for positive change, increased self-esteem and personal responsibility. Program participants are referred to the Kansas Tobacco Quitline for cessation counseling.
- The Kansas Tobacco Quitline recently added an online tobacco cessation counseling service, Web Coach®. The online service available at www.QuitNow.net/Kansas provides counseling and support materials based on individuals' readiness to quit tobacco use. Web Coach provides online access to highly trained cessation coaches by live chat and e-mail. Users will also gain membership to a private, online community where they can complete activities, watch videos and join in discussions with others in the program. Interactive trackers on the website measure the money saved and progress made during the quitting process. Studies have found that using a tobacco Quitline can more than double a person's chances of successfully quitting tobacco.
- In early December, the Tobacco Use Prevention Program (TUPP) launched the youth-targeted cessation and prevention website KanQuit.org. KanQuit.org is a simple online environment that offers relevant facts about tobacco use to any Kansas youth seeking information about quitting tobacco use or contemplating a quit attempt and links users directly to free online cessation services sponsored by KDHE.
- More and more Kansans are calling the Kansas Tobacco Quitline. In 2010, 56.8 percent of adult Kansas smokers stopped smoking for one day or longer because they were trying to quit smoking. Between January and November of 2011, there was a 25 percent increase in the volume of callers to the Kansas Tobacco Quitline compared to the volume of callers during the same months in 2010. Quitline use is linked to increased chances of successful tobacco cessation.
- In fall 2011, the Kansas Communities Putting Prevention to Work Program successfully implemented a pilot public health intervention in Shawnee County to raise awareness and educate parents/caregivers of 'tweens' (children ages 8 to 12) about the benefits of water. The JUST ADD WATER intervention consisted of television commercials, billboards, promotional posters and an intervention kit (i.e., flyer, magnet and straw) distributed through area pediatric medical and dental providers.

The **Bureau of Community Health Systems (BCHS)** was created in 2011, merging the Local/Rural Health and Preparedness bureaus. BCHS helps Kansas communities provide ongoing public health, primary care and prevention services. A comprehensive approach employing policy development and resource coordination is used to fulfill this mission. Cooperation with local health departments, community-based primary care clinics, hospitals and other partner organizations is essential.

Bureau of Community Health Systems

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This comprehensive approach involves efforts to meet the following four goals:

1. Kansas achieves the highest standards of health through delivery models that focus on core public health functions and philosophy.
2. Public policy for health care is consumer and community driven.
3. Kansas communities succeed in the health care marketplace through consumer-oriented, integrated systems of care.
4. State, regional, and local public health and medical preparedness, response and recovery leadership and capabilities are strengthened.

Programs/Sections

The **Local Health Program** serves all 105 Kansas counties and works to support public health workforce development, quality improvement and efforts at the state and local level directed toward public health performance standards and accreditation. Two major goals are emphasized: increasing the capacity of public health agencies to perform essential public health services and enhancing the ability of the public health workforce to achieve core competencies for public health. These goals are accomplished through provision of technical assistance to local health departments and other public health system partners, along with promotion of comprehensive public health education and training for the public health workforce.

The **Preparedness Program** provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to and recover from disasters, infectious disease, terrorism and mass casualty emergencies. To accomplish this mission, Preparedness is responsible for the following:

- Coordinates health and medical preparedness planning and response in Kansas.
- Serves as the coordinating unit for the Emergency Support Function #8 – Public Health and Medical Services Annex of the Kansas Response Plan.
- Maintains the statewide, web-based, secure Health Alert Network (KS-HAN).
- Serves as the grantee for the Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) health and medical preparedness cooperative agreements.

Preparedness promotes all-hazards planning, defined as planning in the absence of a specific threat for capabilities that would be required to respond to any emergency regardless of the causative factor. Preparedness prepares a variety of exercise scenarios to contribute toward planning purposes for health preparedness.

The mission of the **Primary Care Program** is to assure that all Kansas residents receive adequate access to quality, affordable primary health care services. The program focuses on helping local communities through planning, data assistance, specific program services and technical consultation. Activities include evaluating access for underserved populations and using these analyses to apply for appropriate federal shortage designations; supporting activities to recruit and retain health professionals through the J-1 Visa Waiver Review Program, National Health Service Corps Loan Repayment Program and State Loan Repayment Program; administering a program of state grants to support “safety net” primary care clinics; directing the Charitable Health Care Provider Program and collaborating with the State Board of Pharmacy in the administration and activities of the Unused Medications Program.

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Bureau of Community Health Systems

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The mission of the **Rural Health Program** is to promote access to quality health care in rural Kansas and support communities in building sustainable rural health systems by developing long-term solutions to rural health challenges. The program's focus is to link rural communities with state and federal resources through dissemination of information, development of strong partnerships and provision of technical assistance to rural communities. The Rural Health Program administers the Small Hospital Improvement Program (SHIP) grant and the Medicare Rural Hospital Flexibility (FLEX) program, both of which support the state's small rural hospitals and rural health networks.

The mission of the **Special Population Health Program** is to assure access to primary health care services for low-income and medically underserved migratory and seasonal farmworkers. The program facilitates care through a statewide voucher infrastructure that delivers health and dental services and provides case managers and community health workers to support access and promote health.

In addition, the Special Population Health Program coordinates health screening for refugees who are resettled in the state. Health information from the U.S. Public Health Service Quarantine Stations is sent to local health departments that conduct screenings in order to:

- Ensure follow-up evaluation, treatment and referral of conditions identified during the medical examination.
- Identify persons with communicable diseases of potential public health importance.
- Identify personal health conditions that adversely impact effective resettlement and personal wellbeing (e.g., job placement, language, training or attending school).

The **Kansas Trauma Program** is a partnership between public and private organizations to address the treatment and survival of patients with critical injuries. The program's goal is to establish local and regional trauma systems statewide so that each patient is properly triaged and transported to the hospital with the most appropriate resources as quickly as possible. Because patients with severe injuries require rapid, specialized treatment to ensure the best chance for recovery, an integrated trauma system increases their chances for survival and reduces the likelihood of permanent disability. Trauma Program activities include development and implementation of statewide and regional systems trauma plans, management of a statewide data collection system on trauma, designation of trauma centers and support for the Advisory Council on Trauma and Regional Trauma Councils.

2011 Accomplishments

- The Local Health Program facilitated the work of the KDHE Accreditation Team creating the report *Review of the 2009 Public Health Accreditation Board Draft State Standards and Measures*. With presentation of this report to the KDHE Secretary in August, an agency accreditation plan and tentative timeline has been initiated.
- Between January and November, 5,634 new "learners/users" registered for KS-TRAIN, the agency's learning management system, bringing total accounts created since 2004 to 42,831. More than 19,104 live, online webinars and exercise/courses were completed by learners with KS-TRAIN accounts (many national courses directly certify completion to the learner and cannot be captured in this total).
- In a year characterized by tight budgets, KS-TRAIN served as a cost-effective alternative to the classroom, enabling public health professionals to access quality education from their desktop, with over 5,000 online/desktop trainings completed the first 10 months this year. This resulted in an estimated savings of \$1,629,511. Since August 2004, the estimated total cost savings is \$9,649,064.
- CDC and the US Marshal Service assessed the state's Strategic National Stockpile State Plan on July 21. The Preparedness Program and State of Kansas received a perfect score of 100 percent on the level of readiness for the health and medical response to a possible anthrax emergency.

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- The Preparedness Program made many advances in its Continuity of Operations Plan (COOP) at the state and local level.
- A COOP planning template and guidance document were made available to Kansas hospitals to help plan to operate with a significantly reduced workforce and diminished availability of resources, and/or from an alternate work site should the primary facility become uninhabitable.
- A COOP planning seminar was created for KDHE employees to take on KS-TRAIN. This seminar highlights the agency's COOP implementation during an emergency.
- As part of an update to the KDHE COOP, state vehicle keys for each bureau were copied and placed into bureau go-kits so employees can access the state vehicles even if they couldn't enter the workplace.
- The Preparedness Program was awarded a 2011 HHS Medical Reserve Corps (MRC) Special Projects Award for States, which will be used to develop and implement a volunteer incentive program for all MRC volunteers. The incentive items will be coordinated with the Kansas Standardized Training Program elements, ICS 100, ICS 700, MRC Orientation and IS 22. In addition, Psychological First Aid, K-SERV enrollment and participation in a MRC unit will be associated with the incentive items.
- The Public Information and Communications (PIC) Standard Operating Guide (SOG) template was completed and added to the KDHE Preparedness website in April 2011. This SOG provides local health departments with step-by-step instructions, tools and templates for planning public information and communication activities to support mass dispensing operations as well as all-hazards public information preparedness and response activities.
- The Kansas Response Plan was finalized and signed by the Governor in January. The new plan includes updates to Emergency Support Function (ESF) #8 – Health and Medical, the Kansas Biological Incident Annex (BIA), Kansas Strategic National Stockpile Plan and the Kansas Pandemic Influenza and Response Plan. In addition, two new plans - the Kansas Mass Casualty Plan and the Kansas Mass Fatality Plan - further outline the activities and processes the State of Kansas will undertake should an incident result in mass casualties or fatalities.
- The Primary Care Program facilitated distribution of more than \$1 million worth of medications to uninsured, low-income Kansans through the Unused Medications Repository.
- The Primary Care Program currently provides state funds to 38 clinics that see all patients regardless of ability to pay, with 75 sites in 33 Kansas counties. In 2011, these clinics provided more than 608,000 medical, dental and/or behavioral health care visits for more than 214,000 Kansans.
- There are currently 114 National Health Service Corps providers and 22 providers receiving State Loan Repayment practicing in underserved communities in 2011, tripling the number of obligated health professionals serving in underserved areas of the state since 2009.
- The Kansas Rural Health Information Services (KRHS) has been instrumental in disseminating information to our rural providers with over 285 announcements about relevant trainings, webinars and rural resources sent to more than 1,300 KRHS subscribers since January.
- Through the Small Hospital Improvement Program, 96 rural hospitals were awarded grants to assist their efforts to implementing Medicare-requested data systems and in improving the quality of care provided. These grants will be used for such things as purchasing software/hardware to collect quality of care outcomes and patient safety training to reduce patient falls and medication errors.
- With support through the FLEX program, 11 critical access hospitals embarked on a Quality Improvement Collaborative aimed at improving the quality of care provided for congestive heart failure patients. Within one year, the 11 hospitals that were part of this collaborative showed 30 percent aggregated improvement in the overall reduction in failure rates.
- The Statewide Farmworker Health Program assisted more than 4,735 farmworkers and dependents in receiving primary care services, a 3 percent increase over 2010.
- The Statewide Farmworker Health Program developed linguistic and culturally accessible health education materials related to maintaining a healthy weight. The Refugee Program provided technical direction and clinical review of health screenings for 400 refugees settling in nine Kansas counties.

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- The Refugee Program supported the development of a delivery system to provide health assessments in areas experiencing expanding refugee resettlement in the current and coming years.
 - The Trauma and Rural Health Programs, in collaboration with the state's regional trauma councils, sponsored specialized trauma education and training that reached over 700 health care professionals statewide.
 - With support from the Trauma Program, eight hospitals in Kansas have met national trauma center standards with an additional two hospitals working towards national trauma center accreditation.
- The Kansas Trauma Program, in collaboration with Kansas Board of EMS, developed and implemented a process by which hospitals can electronically link EMS and trauma data. The program provided trauma registry support to all 126 Kansas hospitals that provide treatment and care to those who are injured in the state.
 - Legislation was passed in 2011 to allow regional trauma councils to conduct peer reviews, which lets providers share their experiences, reduce costs and improve patient care outcomes.

The **Bureau of Oral Health (BOH)** is Kansas' state-level public health Bureau dedicated to oral health improvement. The Bureau works to increase public awareness about the impact of dental disease and to improve the oral health of all Kansans through oral health data collection and dissemination, statewide oral health education, the development of evidence-based oral health policy and statewide programs dedicated to dental disease prevention.

Some of the Bureau's current projects include a dental professional recruitment program, a children's oral health initiative and oral health screenings for all Kansas school children K-12 in compliance with K.S.A. 72-5201.

2011 Accomplishments

- The School Oral Health Screening program provided oral health screenings for over 121,000 children in the 2010-11 school year. These screenings provide the state with county-level data on the prevalence of dental caries and dental sealants among Kansas children.
- Utilizing data from the Screening Program, the Bureau of Oral Health targets schools with children with unmet dental needs and provides them with in-school oral health preventive services such as dental sealants and fluoride varnish. Funded by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) the program provided services in 112 schools in 2010-11. In the 2011-12 school year, the program will expand to serve over 300 schools statewide.
- The Bureau funded several programs to encourage dental professionals to work in underserved parts of Kansas. A federal grant provides funds for student loan re-payment for dentists and dental hygienists working in shortage areas and treating Medicaid patients. The grant also provided start up funds to support the use of dental hygienists in community based practice sites like schools, local health departments and nursing homes.
- Bureau staff works with Kansas high schools to encourage students to consider dental careers. They provide students with educational presentations on dentistry and provide them opportunities to shadow dental professionals at work. Students participating in these "Dental Club" programs are also eligible to apply for college scholarships to help them realize their dental career goals.
- In addition to these programs, the Bureau completed a 2011 Rural Oral Health Assessment, updated the Kansas Oral Health Plan and is in the process of collecting data on the oral health of Kansas third graders and elders for reports to be released in 2012.

Bureau of Oral Health

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Bureau of Epidemiology and Public Health Informatics

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The **Bureau of Epidemiology and Public Health Informatics (BEPHI)** is responsible for collecting, analyzing, and interpreting data that provide information on a variety of conditions of public health importance and on the health status of the population. The Bureau conducts, often in partnership with local health departments and other state and federal agencies, timely investigations of health problems and environmental public health hazards, and works to contain and mitigate these problems and hazards. Bureau staff members provide expertise and technical assistance on a wide variety of health issues, particularly regarding vital statistics and healthcare data, community health assessment, and epidemiology and surveillance related to infectious and zoonotic diseases, environmental health, trauma and other public health hazards.

Programs/Sections

The primary functions of the **Infectious Disease Epidemiology and Response Program** include providing technical support to local health departments, health care providers, laboratories, schools and other population health partners regarding infectious disease; conducting investigations of outbreaks of infectious, zoonotic and other diseases, in partnership with local health departments and other entities; developing and implementing epidemiologic projects, evaluations and assessments designed to improve program planning and administration; and providing education and training to population health partners regarding surveillance and epidemiology of infectious disease and prevention and control measures.

Major Accomplishments for the Infectious Disease Epidemiology and Response program:

- In conjunction with local health departments and other agencies, Infectious Disease Epidemiology and Response program investigated infectious disease outbreaks including: vaccine-preventable disease outbreaks (pertussis, varicella and measles), gastrointestinal disease outbreaks, including foodborne illness outbreaks, two waterborne disease outbreaks, four rash illness disease outbreaks, respiratory outbreaks and one healthcare-associated infection outbreak.
- Developed and initiated use of new supplemental enteric disease investigation form to 30 local health departments.
- Conducted oral and poster presentations on a variety of topics at state and national conferences and at secondary education schools including: implementing a Tdap cocoon vaccination program to post-partum women, disease reporting and surveillance, infectious disease investigation and tuberculosis contact investigation at a middle school.
- Enhanced the quality of infectious disease surveillance data by establishing a case review process both internally and externally and incorporating case investigation timeliness measures into the electronic disease surveillance system.
- Instituted rapid mosquito surveillance to detect potential increases in mosquito populations and the risk for West Nile virus in response to the flooding in northeast Kansas.

The **Environmental and Maternal and Child Health Epidemiology** program provides epidemiologic support and scientific expertise related to the relationship between the environment and human health. The program oversees the epidemiologic components of the state program for the National Environmental Public Health Tracking Network and provides epidemiologic consultation on environmental health issues to a variety of other KDHE programs and external partners. The program also conducts epidemiologic studies examining the potential associations between environmental and health factors. In November, the program was expanded through a reorganization to include Maternal and Child Health Epidemiology.

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Major Accomplishments for Environmental Epidemiology:

- Deployed the Kansas Environmental Public Health Tracking web portal. Data on childhood blood lead levels, asthma hospitalizations, acute myocardial infarction hospitalizations, cancer and some housing data have been made available to the public and researchers.
- Provided epidemiological support and disease investigation during the multi-agency response to harmful algal blooms.
- Submitted Kansas data on childhood blood lead levels and hospitalizations for asthma and acute myocardial infarction to the National Environmental Public Health Tracking Network.
- Conducted an investigation of childhood lead poisoning and presented the results at local meetings, as well as at national conferences.
- Began tracking illnesses, injuries and deaths due to extreme weather conditions and disseminated a report on heat-related mortality in Kansas.

Bureau of Epidemiology and Public Health Informatics

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Major Accomplishments for Maternal and Child Health Epidemiology:

- Published a report on baseline occupational health indicators for the state of Kansas.
- Provided epidemiologic support and assisted in writing successful applications for Maternal Child Health Block grant and State Systems Development Initiative grant.
- Completed analyses for an upcoming report entitled “Perinatal Periods of Risk (PPOR) Phase 1 and 2: a State-level Analysis in Kansas” using fetal death and linked birth-infant death files to gain greater insight into the underlying factors contributing to Kansas fetal and infant deaths. Results offer important information that can be used to develop community-based prevention strategies related to racial/ethnic disparities in infant mortality rates.
- Conducted a survey examining the reasons why parents did not follow through with their child’s newborn hearing screen. Data were used to help design education on the importance of newborn hearing screens and provide resources for hearing screeners, midwives and families who give birth outside of hospitals.

The BEPHI provides epidemiological guidance to the **Kansas Trauma Program** located in the Bureau of Community Health Systems. Key epidemiologic activities include analyzing trauma registry data and providing findings to stakeholders to help develop the trauma system, providing technical assistance and training to hospitals submitting trauma data; and ensuring appropriate data sets are available for integration with trauma registry data to evaluate trauma system performance and policy development.

Major Accomplishments for Kansas Trauma Program:

- Implemented linking of emergency medical services and trauma registry data.
- Analyzed data from centers for Disease Control and Prevention Southeast Kansas Field Triage Pilot study.
- Developed a method for analyzing timeliness of reporting.
- Developed a method for linking multiple trauma records for the same case in the registry.

Public Health Informatics includes the Office of Vital Statistics, Healthcare Data Analysis, Vital Statistics Data Analysis, Infectious Disease Surveillance and the Healthcare-associated Infections Program. Public Health Informatics provides services directly to public policy makers, program managers, health care providers and the public. Statistical and informational reports and publications are provided for the public, policy makers and program managers.

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Bureau of Epidemiology and Public Health Informatics

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The Office of Vital Statistics registers and maintains birth, death, fetal death, marriage and divorce records and amendments to those records. Since 1911, more than 10 million records have been filed with the Office of Vital Statistics. Annually, the office registers approximately 100,000 vital records and issues over 370,000 certified copies of documents. The official records that are filed with the Office of Vital Statistics are utilized for a variety of civil support purposes, including provision of record-level data for the National Center for Health Statistics, the National Death Index, the Social Security Administration and other federal and state agencies.

Major Accomplishments for the Office of Vital Statistics:

- Reporting of marriage and divorce vital events was improved during 2011 through partnerships with district courts across the state. Court staff were trained to use the web-based Vital Statistics system for electronic filing of marriage and divorce certificates. In addition, attorneys were able to file divorce certificates electronically.
- Electronic death registration for Kansas was enhanced by the coroners capacity to file death certificates while continuing to recruit physicians for electronic cause of death certification.
- The Office of Vital Statistics commemorated its 100th anniversary July 1.

The Vital Statistics Data Analysis and Healthcare Data Analysis programs perform statistical analysis on a wide variety of health-related data. Data are acquired from existing health care and public health data sources and new collection activities to fulfill the information needs of program managers, health care providers, researchers, legislators and the public. Programmatic activities include data acquisition, analysis, publication and dissemination activities throughout the state for the Vital Statistics data, hospital discharge, private and public health insurance claims and Workers Compensation Medical Fee Schedule development. Kansas Information for Communities (KIC), a health information portal with health data one can query and links to many other data reports and information, is maintained by Public Health Informatics. Visit

<http://kic.kdhe.state.ks.us/kic/>.

Major Accomplishments for the Vital Statistics Data Analysis and Healthcare Data Analysis:

- Facilitated the initiation of the Kansas Partnership for Improve Community Health (KanPICH) and promoted the adoption of 60 standard health measures for use as indicators in community health assessment. The Kansas Health Matters website was established to serve as the primary vehicle to support community health assessment for local health departments and hospitals. Staff coordinated the collection and mapping of health indicators for the website.
- Continued work in producing standard vital statistics data products such as the Annual Summary of Vital Statistics and teenage pregnancy reports. A new vital statistics report focusing exclusively on health equity in birth outcomes among Kansas population groups was initiated in 2011.
- Initiated the development of a new Kansas Information for Communities (KIC) query system using second generation applications from the state of Missouri. The new system will provide enhanced capabilities for additional modules and reporting.

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The Infectious Disease Surveillance program administers the state reportable disease system and maintains a secure, web-based electronic disease surveillance system that is utilized by all 105 local health departments and KDHE for reporting and case management. The system also includes an outbreak management module,

Bureau of Epidemiology and Public Health Informatics

Major Accomplishments for the Infectious Disease Surveillance Program:

- Infectious disease surveillance infrastructure was enhanced in 2011 by initiating steps to transition to a new disease reporting and information management system. Disease reporting processes for Kansas will be streamlined with this new system which will include sexually transmitted diseases and tuberculosis case management.
- Surveillance staff reviewed over 19,000 laboratory reports and managed approximately 9,400 cases for investigation purposes in 2011.
- Health information technology initiatives were supported by establishing the capability to accept electronic laboratory reports from hospital and private laboratories for infectious diseases. This process will be implemented with the new electronic disease surveillance system in 2012 and will assist partnerships between public health and private health care providers in investigating and addressing infectious disease cases.
- Quality improvement information for local health department disease investigation activities were begun in 2011 via distribution of county and regional level quality indicator reports.

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The **Healthcare-associated Infections Program** was established through the development of a state planning process with the goal of reducing healthcare-associated infections. The state plan was developed in partnership with a multidisciplinary advisory group that included members from public and private organizations representing hospitals and other healthcare facilities and infection prevention professionals. The initial focus of the program has been to establish a program infrastructure and develop a robust surveillance system with hospitals sharing de-identified data on patients with healthcare-associated infections with KDHE through the CDC-supported, web-based National Healthcare Safety Network (NHSN). Program staff provides consultation and technical assistance to infection preventionists and other healthcare professionals.

Major Accomplishments for the Healthcare-associated Infections Program:

- Continued recruitment for voluntary participation in the Kansas HAI Reporting Program. Fifty-five hospitals are now submitting data on central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI) in ICU settings and *C. difficile* infections facility-wide.
- Facilitated enhanced information connectivity between hospital electronic health records systems and NHSN through provision of mini-grants to hospitals. This will help to improve efficiency and data accuracy.
- Surgical site infection reporting will begin in 2012. Training modules to assist in reporting these cases were developed and presented to 60 acute care infection preventionists.
- Developed regional HAI training curriculum specifically targeting Critical Access Hospital infection preventionists.

Bureau of Child Care and Health Facilities

Contact Information

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www.kdheks.gov/bcchf

The purpose of the **Bureau of Child Care and Health Facilities (BCCHF)** is to protect and promote public health through the licensing and surveying of child care and health care facilities in Kansas, as well as the credentialing of various health occupations. The bureau has three goals:

1. Assure medical care facility patients, health care recipients and children in care receive the highest level of care and services practical in accordance with state and federal regulations.
2. Complete state licensing and federal certification survey processes, including follow-up surveys and complaint investigations to assure the adequate care and treatment of patients in safe, sanitary and functional environments in Kansas health care facilities. Certification processes are prescribed by the Centers for Medicare and Medicaid Services (CMS).
3. Promote and assure safe, healthy and accessible care for children and maternity patients.

Programs/Sections

Child Care Licensing regulates more than 9,000 child care facilities, including out-of-home and 24-hour residential care. In order to be responsive to the citizens of Kansas and design a child care system for the 21st century, the program has undergone a systems review of policies, procedures and regulations. The review incorporated a Best Team process, which successfully addressed issues for child care facilities and family foster homes resulting in statute changes, systems improvements and more meaningful regulation. Business process improvements and technology initiatives such as automated surveys and online application moved forward in 2011. The online application will be available in early 2012. In addition, the public will have online access to child care facility compliance history. These initiatives support improved program performance, streamlined processes and increased customer satisfaction.

The Health Facilities Program regulates 780 health care facilities and conducts approximately 270 surveys each year. The program licenses and/or certifies medical care facilities (i.e. hospitals, critical access hospitals and ambulatory surgery centers) and non long-term-care entities (i.e. licensed or certified home health agencies, rural health clinics, OPPT, ESRD's, hospice providers and mobile x-ray). Its programs exist to assure quality care through two primary means—establishing licensing standards and inspecting facilities to assure standards are being met.

The Health Occupations Credentialing (HOC) Program licenses or certifies the following occupations: Adult Care Home Administrators (647), Dietitians (870), Speech-Language Pathologists (1,753), Audiologists (202), Certified Nurse Aides (48,485), Certified Medication Aides (8,341), Home Health Aides (5,848), and Operators (2,133). In addition, this program maintains a comprehensive registry of 119,283 active and inactive certified nurse aides, which includes records of abuse, neglect, exploitation and criminal history. During FY 2011, the program processed 709,640* inquiries to the Nurse Aide registry and 54,389 inquiries to the license verification web site. In addition, 27,303 criminal record check requests were processed. (*As of 2009, to assure a more accurate count, the number of Internet page views is reported instead of visitor counts.)

2011 Accomplishments

- HOC completed committee processes related to the course and test revision for the Kansas Certified Home Health Aide training program in preparation for regulation approval and implementation in 2012.
- HOC, in conjunction with GL Solutions, developed a web page to allow individuals to request and obtain mailing lists of licensed and certified individuals via the Internet.

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Bureau of Child Care and Health Facilities

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- The Child Placing Agency (CPA) and Residential Programs section issued a blanket policy exception for the use of basements, which eased restrictions for existing family foster homes and made them more readily available to children in need.
- Child Care Licensing adopted a policy for processing exceptions submitted by Day Care Home licensees which authorizes them to operate a child care facility as well as maintain a family foster home. Two webinars and conference calls were held for CPA, foster care community partners and local health department child care surveyors. Information such as the policy, procedures and instructions for completing the request for exception was presented jointly by foster care and child care administrators.
- Child Care Licensing collaborated with the Healthy Homes and Lead Hazard Prevention Program to provide a healthy homes training for all CPA and Residential Program Section field staff. The training resulted in CEU options at minimal cost to the staff.
- Provisions of Lexie's Law were implemented during 2011. The category Registered Family Day Care Home was eliminated effective June 30. As of July 1 all day care homes were licensed and inspected. Proposed health, safety and supervision regulations were drafted for day care homes, group day care homes and child care centers. The public hearing was held May 17. Post hearing changes are expected to be completed by year end with implementation planned for early 2012.
- Child Care Licensing staff represented Kansas at the National Association for Regulatory Administration (NARA) conference in Pennsylvania and presented on Lexie's Law.
- The Child Care Licensing Automated Survey project pilot and phase one of implementation were completed. Beginning November 2011, surveys conducted in child care facilities have been completed online in targeted areas of the state.
- Child Care Licensing collaborated with the Immunization Program to collect child care immunization records from child care providers across the state.
- The Child Care Licensing Compliance and Regulation Development Unit responded to approximately 675 requests for open records information from parents and the public including: verification of licensure status; compliance history; copies of documents contained in the open record of a child care facility file; and requests for lists of child care facilities.
- The Bureau collaborated with the Bureau of Epidemiology at this year's ambulatory surgery center annual state conference. The state survey manager and health facility survey delivered a presentation on infection control and responded to suppliers' inquiries about the survey process in Kansas.
- Health Facilities staff participated and presented at the Annual Home Health Conference.
- BCCHF drafted regulations for the licensure of abortion facilities in response to H Sub S36. Temporary regulations went into effect July 1 and permanent regulations were effective November 14.
- The CPA and Residential Program Section introduced a Client Satisfaction Survey to the field. Feedback is reviewed and shared with appropriate staff as necessary once received.
- Compliance indicators have been drafted for Residential and Group Boarding Homes as well as Family Foster Homes. The guidance documents are under review by KDHE Legal and are scheduled to be finalized in 2012.

Bureau of Environmental Health

Contact Information

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www.kdheks.gov/beh

The **Bureau of Environmental Health (BEH)** works to protect the health of all Kansans by connecting environmental problems and associated public health concerns through coordinated comprehensive surveillance and responsible hazard exposure prevention. BEH is home to the activities of the Healthy Homes and Lead Hazard Prevention Program the Radiation and Asbestos Control Programs and the Environmental Public Health Tracking Program.

Programs/Sections

The **Healthy Homes and Lead Hazard Prevention Program** coordinates statewide lead poisoning prevention activities, including blood lead testing, environmental investigation and the medical

follow-up and case management of children with elevated blood lead levels. The program promotes lead poisoning prevention and home safety through education and outreach. The program enforces rules and regulations regarding lead based paint activities including renovation and remodeling practices in residential settings to ensure the safe elimination of lead hazards. The program provides support to local health agencies, industry and the public to ensure that Kansas families are protected not only from lead poisoning but from other injury and illness associated with health hazards found in the home environment. The program also administers a residential lead-based paint hazard elimination grant from the US Department of Housing and Urban Development (HUD) that will reduce or eliminate health hazards in over 300 Kansas homes during the next three years.

The **Radiation and Asbestos Control Section** protects the public and the environment from the harmful effects of man-made sources of radiation, environmental radiation and asbestos. This includes administering the Radiological Emergency Response program, the Environmental Radiation Surveillance program, the Kansas Radon Program, the Radioactive Materials and X-Ray Control programs, the Asbestos program and the Right-to-Know program. The Radiological Emergency Response program provides planning, training and operational radiological response to all radiation incidents in Kansas. The Environmental Radiation Surveillance program detects, identifies and measures any radioactive material released to the environment by the Wolf Creek Generating Station and provides oversight in the cleanup of other sites contaminated with radioactive materials. The Kansas Radon Program performs outreach and education to the citizens of Kansas on the harmful effects of radon gas, how to test for it, and how to repair structures to mitigate the health threat posed by radon gas. The Radon program also administers the Radon Licensing Law in Kansas that ensures residents that companies hired to test for or remediate radon hazards in homes in Kansas are properly trained in the work practices that they perform. The Radioactive Materials and X-Ray Control programs regulate the commercial and medical uses of ionizing radiation in Kansas. The Asbestos program monitors the removal of asbestos from building renovations and demolition projects. This program also certifies contractors and issues licenses to asbestos workers to ensure trained personnel conduct appropriate removal activities. The Right-to-Know program receives information regarding chemical storage and releases into ambient air and makes this information available to the public.

The **Environmental Public Health Tracking Program** collects, analyzes, interprets and publishes environmental health data as part of the National Environmental Public Health Tacking Network. EPHT helps identify and track key environmental hazards and associated health problems across Kansas. The information provided about threats to the health of Kansans posed by environmental hazards allows for more efficient and effective response from individuals, business and government.

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2011 Accomplishments

- Secured HUD funding to improve over 600 high risk homes in Kansas.
- Assisted over 100 Kansas families in determining the sources of lead exposure which resulted in lead poisoning.
- Monitored, assessed and responded to environmental health concerns associated with the Fukushima nuclear reactor accidents following the earthquake and tsunami in Japan.
- Inspected X-ray devices in more than 600 facilities in the state to ensure that Kansas residents are not being over-exposed to ionizing radiation.
- Monitored the screening of more than 32,000 children and 5,000 adults in Kansas for elevated amounts of blood lead.
- Completed the FEMA evaluated radiation emergency response exercise with no areas requiring corrective actions being noted.
- Began administration of the Radon Certification Law to safeguard the citizens of Kansas from the harmful effects of radon gas and to insure citizens are protected through the licensing and monitoring of Radon Technicians.
- Approved over 600 permits for the removal of asbestos from buildings during renovation or demolition projects.
- Monitored information regarding chemical storage and releases into our environment.
- Collected, analyzed and shared data while tracking harmful toxins associated with blue-green algae in Kansas waters.

Bureau of Environmental Health

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Bureau of Disease Control and Prevention

Contact Information

Phone: 785-368-6427

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Kansas Immunization Program
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Kansas Tuberculosis Program
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HIV and Viral Hepatitis Programs
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The **Bureau of Disease Control and Prevention (BDPC)** programs respond to the state's leading health problems in the areas of communicable diseases and address components from all three core functions of public health – assessment, policy development and assurance. BDPC provides immunization vaccines for children, adolescents and adults; counseling and testing for HIV; medications to people with AIDS, STDs and Tuberculosis; partners' notification for infectious diseases; establishing partnerships with medical and community organizations to identify, counsel and treat people at risk for infectious/contagious diseases and immunize Kansas citizens against vaccine-preventable diseases.

Programs/Sections

The **Immunization Program** seeks to maximize the protection of Kansans from vaccine-preventable diseases. The program aids in the distribution of vaccines to local health departments and private providers for low-income, underinsured and uninsured children. The program assists vaccine providers and conducts periodic surveys of immunization coverage as well as manages KSWebIZ, the state's immunization information system.

The **Kansas HIV/AIDS and Viral Hepatitis Program** works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention and treatment of HIV/AIDS and Viral Hepatitis. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection and the provision of treatment and clinical care services. The **Personal Responsibility Education Program (PREP)** is designed to educate adolescents through evidence-based effective Peer Counseling programs on responsible behavioral choices as part of the HIV/AIDS and Viral Hepatitis Program.

The **STD Program** works to reduce morbidity and mortality from chlamydia, gonorrhea, syphilis and HIV in Kansas by providing a continuous network of surveillance, intervention, prevention and education across the state.

The **Tuberculosis Control Program** seeks to assure that proper screening and treatment for tuberculosis occur in Kansas. Program staff serves as a resource for local health departments and other providers who deliver care to persons with tuberculosis and their contacts. The program provides medications which assure proper treatment of patients with infectious tuberculosis.

2011 Accomplishments

- KSWebIZ, the statewide immunization registry, continues to see success. More than 1.8 million patients are enrolled in the system with 284 provider practices, including the local health departments in all 105 counties. The KSWebIZ school module is also accessed by 895 schools in 248 school districts with a total of 426,077 vaccinations added by these schools. A partnership with a large pharmacy chain has resulted in an additional 85,514 vaccination records for 49,621 patients in KSWebIZ. Kansas received four Prevention and Public Health Funding (capacity building) awards made to the program in August. These four awards focus on: 1) enhancing interoperability of EHR-KSWebIZ data exchange; 2) enhance Immunization Information System (IIS) vaccine management operations by developing a vaccine ordering module in the state IIS to interface with CDC's VTrckS vaccine ordering module; 3) develop a strategic plan for local health department billing third party payers; 4) partnership with 10 local health departments to provide school-located vaccinations to children in rural and urban areas. Kansas was the only program in the nation to receive four of the six areas awarded.

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Bureau of Disease Control and Prevention

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- In 2011 the Ryan White Program implemented a new quality process, involving the usage of performance measures, to ensure that local Medical Case Managers are meeting objectives related to client care as identified in the Ryan White Part B Standards of Care. This process includes quarterly data reporting and individual quality improvement plans. The data for this quality process is calculated using the new client level database called SCOUT. This client level database is used across the state with our Medical Case Managers. Implementation and training for this database took place in April.
- The HIV Surveillance Program has been successful in advancing its deliverables in the area of risk factor ascertainment and data quality improvement. Over the past year, the surveillance staff has worked diligently to assess completeness and congruence of the data housed in the physical files compared to what is in the eHARS database. The HIV Surveillance Program has conducted its first annual linkage with the National Death Index. Upon completion of the data analysis, the surveillance program will update the eHARS database. This update will allow for a more accurate assessment of persons living with HIV/AIDS and care needs in the state. The HIV Surveillance Program has also been successful in building a relationship with the Neosho Regional Hospital staff in the area of HIV reporting.
- Due to a change in funding requirements for community HIV prevention activities implemented in 2010, the HIV Prevention program saw a significant increase in targeted HIV prevention activities for the most at-risk populations in Kansas in 2011. All contractors are now required to provide only evidence-based HIV prevention interventions in order to receive funding, a change that helps ensure HIV prevention funding has the highest impact across the state.
- In August the Kansas HIV Prevention Community Planning Group and Ryan White Planning Body combined into one statewide comprehensive HIV care and planning group, the Kansas Advisory Council on HIV/AIDS (KACHA). This combined approach to jurisdictional planning helps align efforts in Kansas more closely with the National HIV/AIDS Strategy, which calls for strong coordination between HIV prevention and care efforts. The combination of the two groups also reduces the amount of time and money state agencies and community members spend when attending meetings.
- In 2011, The HIV Counseling, Testing and Referral (CTR) program continues to support testing efforts which reach the highest-risk populations in a variety of healthcare and non-healthcare settings across the state including local health departments, community-based organizations and other community settings. CTR successes include the continued integration of syphilis and HIV testing and offering opt-out HIV testing. Since the initiation of the CDC HIV Test Form, use of Image Now software and the CDC Data tool in 2010, Kansas CTR data has been noted by the CDC as being complete and of higher-quality compared to previous years. Additionally, the CTR Program continues its collaboration with the KDHE Bureau of Family Health Title X Family Planning Program by supporting the integration of opt-out HIV testing in six local health departments, encouraging routine testing during initial or annual family planning visits.
- In 2010 The Adult Viral Hepatitis Prevention Program 317 funding was discontinued by CDC. The primary goal for this program during 2011 has been phasing out the remainder of hepatitis A and/or hepatitis B and Twinrix Adult Viral Hepatitis Vaccine at varying sites including local health departments, primary care STD clinics, substance abuse treatment centers and community health centers. Vaccine continues to be administered to eligible adults at risk for viral hepatitis infections.
- The Adult Viral Hepatitis Prevention Program sustained numerous programmatic changes within 2011, which have allowed for an increase in primary core activities. Numerous viral hepatitis workshops and presentations were offered to diverse groups of providers throughout the State of Kansas. Furthermore, the re-alignment of the HIV Community Planning Group and HIV Planning Body allowed for the establishment of a representative seat for persons affected by viral hepatitis within the new Kansas Advisory Council on HIV/AIDS (KACHA) by-laws. The Adult Viral Hepatitis Prevention Program will continue curricula development and further integration of viral hepatitis education within current State HIV programs and other allied programs.

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Bureau of Disease Control and Prevention

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- The Personal Responsibility Education Program initiated contracts with three local health departments July 1 for the provision of adolescent focused evidence-based health education. Contractors have hired staff and are in the process of meeting training requirements. Contractors and state representatives attended a regional training meeting held in Albuquerque, New Mexico in August. Contractors and their communities are eager for program implementation to begin in early 2012.

implementation of new, more cost efficient gonorrhea and chlamydia testing system. KHEL tests around 20,000 specimens from clinics around the state.

- The STD Program collaborated with the Bureau of Epidemiology and Public Health Informatics (BEPHI) to ensure STD inclusion in a KDHE disease-integrated, web-based surveillance and case management system, TriSano.
- The TB Prevention and Control Program has completed the promulgation of K.A.R. 28-1-30 through 28-1-32 including development of a tool kit to assist post secondary institutions and local partners with compliance with the regulations. These regulations, authorized under K.S.A. 65-129e and 65-129f, require all post secondary educational institutions to maintain a tuberculosis prevention and control policy including screening those of greatest risk for disease. These activities have already proven to be significant cost savers to both the institutions and public health.
- The TB Prevention and Control Program is completing the requirements of implementing a revised internet-based surveillance and case management system to go live in the first quarter of 2012. This revision will allow for a more user friendly and efficient system for local users thus saving costs at all levels of public service.

The mission of the **Bureau of Family Health (BFH)** is to provide leadership to enhance the health of Kansas women and children in partnership with families and communities. The bureau has three goals:

1. Improve access to comprehensive health, developmental and nutritional services for women and children including children with special health care needs.
2. Improve the health of women and children in the State through prevention/wellness activities, a focus on social determinants of health, adopting a life-course perspective and addressing health equity.
3. Strengthen Kansas' maternal and child health infrastructure and systems to eliminate barriers to care and to reduce health disparities.

Bureau of Family Health

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Programs/Sections

Children and Families Section promotes optimal health for Kansas men, women and infants, children and adolescents through systems development activities and grants to local communities. These activities support the availability of reproductive and perinatal health services, as well as child, school and adolescent health services at the community level.

Children and Youth with Special Health Care Needs (CYSHCN) provides medical specialty services, supplies and statewide system access for young people with complex medical conditions and also newborn screening follow-up.

Children's Developmental Services provides early intervention services for infants and toddlers with disabilities and newborn hearing screening follow-up.

Nutrition and WIC Services provides nutrition education (including breastfeeding support), supplemental foods and referrals to other health services for low-income pregnant, breastfeeding and postpartum women and their infants and children up to age five.

2011 Accomplishments

- Provided diagnostic evaluation, case management, treatment and financial assistance to more than 4,223 children and adolescents with disabilities, and their families. Through a contractual system the CYSHCN program assured that medical specialty services were accessible to any family in the state regardless of geographic remoteness.
- The Kansas Resource Guide (formerly Make a Difference) toll-free line and information resources network responded to approximately 175 calls per month from families with questions and concerns regarding disabilities. The Resource Guide website received more than 2,200 web requests for information each month or an average of 73 per day.
- In SFY11, Kansas screened 40,697 newborns for metabolic conditions. Of these, 2,780 had presumptive positive or inconclusive results that required follow-up by nurses to identify and treat infants that are potentially affected by one of 29 screened conditions so that disability, mental retardation and/or death can be prevented.
- In the past 12 months, 7,615 children, birth through age two, received developmental screening and services through Part C Infant Toddler Services. A new evidence based practice service delivery model in the natural environment (in the home or where children without disabilities would commonly be) utilizing a primary provider approach to services was implemented successfully across Kansas.

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Bureau of Family Health

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- Ninety-nine percent of all Kansas newborns received hearing screenings before leaving the hospital. Staff members follow up on all out-of-range findings and the “Loss to Follow-Up” and “Loss to Documentation” rate decreased to 46 percent. (Note: 46 percent is the national average.)
- Participated in the State Child Death Review Board responsible for reviewing all child deaths for children, birth to age 18. Identified trends and patterns of child deaths, risk factors in the population and opportunities for prevention. Made recommendations regarding cause of death, investigation of suspicious deaths and system responses to child deaths including community education and mobilization, professional

training and changes in legislation, public policy and/or agency practices.

- Participated in the Kansas Hospital Association/United Methodist Healthy Ministry Foundation planning committee for “High 5 for Mom and Baby” campaign. This campaign provides training for hospitals on five “Baby Friendly Steps” supporting breastfeeding.
- An average of 75,212 women, infants and children per month were served by WIC during fiscal year 2011. This was a slight decrease from 2010.
- Over 2.2 million food instruments (checks) were processed by WIC during fiscal year 2011, which accounted for nearly \$49 million in food dollars to Kansans.
- In collaboration with the March of Dimes, the Kansas Chapter of the American Academy of Pediatrics, Kansas’ American Congress of Obstetrics and Gynecology, the Perinatal Association of Kansas and other state-wide stakeholders, disseminated prematurity prevention-focused consumer education materials and provided public forums to discuss the impact of prematurity in Kansas.
- “Safe Haven for Newborns” signs were distributed to 105 county health departments in Kansas. K.S.A. 38-2282: Newborn infant protection act establishes a safe place for a parent to surrender physical custody of their newborn.
- Approximately 76,000 children and youth received screenings, well-child checkups and other services, more than 13,000 pregnant women received prenatal care coordination and home visitation services and over 40,000 women received women’s health services.
- A new Maternal, Infant and Early Childhood Home Visiting Program was initiated to provide a coordinated and integrated system of evidence-based home visiting programs to families with at-risk pregnant women and children (0-5) in Montgomery County and Wyandotte County.

Center for Health Equity

Contact Information

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www.healthequityks.org

The mission of the **Center for Health Equity (CHE)** is to promote and improve the health status of all Kansans through shared leadership and collaboration across the public health system in order to reduce, and ultimately eliminate, identified and emerging health disparities among racial, ethnic, tribal, and underserved populations. Goals of the Center include the following:

- Strengthen Kansas public health infrastructure in order to meet the health needs of racial/ethnic, tribal and underserved populations.
- Serve as a centralized source for information regarding the health of minorities and underserved populations as well as evidence-based, best practice strategies to address reduction of disparities among these populations.
- Promote multi-sector collaboration with private, public and tribal sector partners that contribute to improved wellbeing of Kansas communities and sovereign nations by promoting equity and reducing health disparities.

Priority Issues

- Identification, coordination, leveraging and communication about existing resources within the Division of Health to address reduction of health disparities.
- Data collection strategies that characterizes disparities, analysis of data and dissemination of reports documenting health disparities to state, federal and community partners.
- Education about the role of equity, social and economic determinants of health and cultural competence in community health assessment.
- Integration of equity, social determinants and disparities in state-level strategic plans for health improvement.
- Public health workforce training to address disparities through cultural competency, health literacy training, etc.
- Representation and participation of the state of Kansas in initiatives and activities of the federal Office of Minority Health, Region VII Office of Minority Health, National Association of State Offices of Minority Health and other groups, task forces, etc.

Public Health System Improvements are made through provision of providing resources that support the Division of Health in its efforts to promote equity and reduce health disparities through existing resources. CHE continues to provide technical assistance, resources and consultation on a variety of issues (cultural competency, data sharing, health literacy, community health assessment, etc) to Division of Health directors and staff.

2011 Accomplishments

- Development, coordination and implementation of a statewide education campaign to raise awareness of the seriousness of infant mortality in Kansas through partnership with the Kansas Blue Ribbon Panel on Infant Mortality. The campaign ran from September to November 2011 (September-Infant Mortality; October-Sudden Infant Death Syndrome (SIDS) Awareness; November-Prematurity Awareness). A variety of materials for locally tailored campaign kits were updated in downloadable formats (letters to the editor, PSAs, fact sheets, etc.) on the Blue Ribbon Panel website. Fact sheets were also provided in Spanish and Vietnamese per campaign month. Governor's Proclamations were signed for each health promotion month.
- KDHE Twitter account yields 4,260 clicks on the articles Oct. 4 – Nov. 9.

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Center for Health Equity

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- Facebook ad campaign – Over a three week period Oct. 31 – Nov. 21, ad clicks increased steadily from 121,332 to 209,632 estimated readers. Clicks on the ads increased from 741 to 1,241. The highest percentage of readers who clicked on the ads were in the age ranges targeted for the campaign – under 24 years of age – approximately 34 percent.
- As a part of the statewide campaign to promote awareness of the issue of infant mortality in Kansas, the Center for Health Equity and SIDS Network of Kansas partnered to coordinate a three city tour for Tonya Lewis Lee, national Office of Minority Health spokesperson for the “Healthy Baby Begins With You” campaign

to raise awareness of infant mortality as a public health issue in Kansas during April, National Minority Health Awareness Month. Local community events were held April 20 - 21 in Wichita, Topeka and Kansas City. A total of 775 community participants attended these events. Fifty-eight new partners were included on the planning committees for these host sites. The associated media campaign (radio, TV, newspaper, newsletters, etc.) reached an estimated 1,218,482 listeners, viewers, readers through 279 events.

- Additionally, a second tier of counties were invited to participate in the campaign including Butler, Saline, Geary, Chautauqua, Greenwood and Elk counties.
- CHE served on the planning committee for a bi-state (Kansas/Missouri) fathering-men’s health conference, “Dads: Positive Role Models for Healthy Families,” Nov. 12.
- Facilitated invitation of Larry Cohen, Director of the Prevention Institute, as keynote speaker for the 2011 Governor’s Conference on Public Health. This was followed by training with Kansas public health system staff from state and local health departments and community-based agencies such as Kansas Health Institute. The focus of the training was on further embedding equity, social determinants of health and disparities into quality improvement, community health assessment and public health accreditation processes.
- Secured \$9,000 supplemental funds from Office of Minority Health to promote awareness of the National Partnership for Action and Health and Human Services plans to reduce health disparities. CHE served as the Region VII (Kansas, Nebraska, Iowa, Missouri) host agency for the launch of these plans nationwide. The event was held at the University of Kansas.
- The CHE Director participated in provision of feedback on the National American Indian and Alaska Native vaccine plan and its promotion from a health education perspective.
- CHE completed the public health indicators section of the soon-to-be-released Kansas African American Affairs Commission report on the state of African American Health.
- The CHE website was launched in February.
- CHE Advisory Committee was reactivated. A revised strategic plan was submitted and approved as well as by-laws.
- CHE Director was recognized at the Kansas Public Health Association with the Virginia Lockhart Award for outstanding services as a health educator in Kansas.

The mission of the **Center for Performance Management (CPM)** is to integrate performance management and quality improvement into daily public health work using evidence to track progress and drive decision-making with the vision of healthier people in Kansas served by a strong, sustainable integrated public health system. The goal of the National Public Health Improvement Initiative (NPHII) and the CPM is to create a cost-effective operating environment and use of evidence to provide delivery of the highest possible quality public health services which ensures protection of the public through efficient and effective public health programs addressing health of people and the environment. The following strategies will be used:

Center for Performance Management

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- Improve the delivery and impact of the public health services provided by improving performance and tracking of programs through institutionalization and implementation of performance management.
- Foster the identification, dissemination and adoption of public health's best and most promising practices through trained public health workforce and community leaders that use policy and public health law to protect and improve public health.
- Build and improve networking, coordination, standardization and cross-jurisdictional cooperation in the delivery of seamless and coordinated services utilizing resources more efficiently through building and reengineering infrastructure maximizing cohesion across states' and communities' public health systems to ensure seamless and coordinated services for residents.
- Use and implement evidence-based public health practice through increase access to and adoption of best and promising practices for prevention and wellness, as well as business and organizational practices.

2011 Accomplishments

The CPM is funded through the NPHII. This is a five-year project through the Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC) to target quality improvement (QI) and performance management (PM) in the public health system across the U.S. to help health departments develop methods and tools for data driven decision making and effective program management. The CPM was established May 30 with the appointment of a Performance Improvement Manager (PIM) to support and facilitate the NPHII work internally at the KDHE and externally with local health departments and partners in the public health system. This work has included:

- Course development and delivery of quality improvement/performance management training through the state's Learning Management System (LMS) KS-TRAIN with five basic online Quality Improvement (QI) modules by the Heartland Center posted to the KS-TRAIN system.
- Established inter-agency project management team that includes the Division of Public Health Bureau of Community Health Systems Director, a Kansas Health Institute Senior Analyst and the Executive Director of the Kansas Association of Local Health Departments. The purpose was to create and manage a vital statistics website called Kansas Health Matters.
- Planned and facilitated a fall Kansas Public Health Association Conference pre-session, "Advancing Quality in the Kansas Public Health System: Quality Improvement, Performance Management and Accreditation Readiness" in Sept. 2011. Representatives of state and local health departments, academia and public / private partnerships shared information and resources related to public health system improvements including quality improvement projects, community health assessments and health improvement planning, public health accreditation readiness and performance management.
- Participation on the Kansas Partnership for Improving Community Health (KanPICH), a collaborative partnership between the KDHE, the Kansas Hospital Association, the Kansas Association for the Medically Underserved, the Kansas Association of Local Health Departments and the Kansas Health

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Center for Performance Management

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Institute. The KanPICH is a subgroup of the Public Health Systems Group comprised of key partners and stakeholders working on improving the Kansas public health system through system transformation.

- Conducted strategic planning September 2011 to align the work of the CPM with the KDHE strategic plan developed July 2011, as well as planning for the future Healthy People 2020 process, state health improvement planning and preparation for agency public health accreditation whose goal is help public health departments to strategically invest in the quality services essential to protecting the public's health and that create improved health outcomes in communities.

Division of Environment

The mission of the Division of Environment is to protect the public health and environment for Kansas. To implement this mission, the Division of Environment has adopted the following goals:

Assurance - Implement environmental programs in Kansas to achieve regulatory compliance and maintain assurance that environmental programs are protective of public health and the environment.

Policy Development - Be responsive to the needs and inquiries of the citizens of Kansas and the regulated community with respect to environmental programs.

Assessment - Provide citizens of the state with accurate assessments of the environmental conditions of the state.

In order to fulfill this mission and meet these goals, the Division of Environment has developed and implemented regulatory, compliance assistance, monitoring and educational programs within each of the bureaus and the division as a whole.

Division of Environment is responsible for:

- Conducting regulatory programs for public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, refined petroleum storage tanks and others
- Administering programs to remediate contamination and evaluate environmental conditions across the state
- Ensuring compliance with federal and state environmental laws
- Providing laboratory data in support of public health and certifying the quality of Kansas laboratories.
- Providing scientific analysis to help diagnose and prevent diseases
- Providing laboratory test results to help guard public drinking water, ambient air and surface/groundwater quality

Bureau of Air

Contact Information

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Website:

www.kdheks.gov/bar

The mission of the **Bureau of Air (BOA)** is to protect the public and the environment from air pollution. The bureau's goals address issues commonly known to cause potential harm to public health and the environment, and threaten economic stability. The efforts of the BOA to conserve air quality, control air pollution and protect the public health begin by providing quality customer service.

Programs/Sections

The **Air Compliance & Enforcement Section (ACES)** is responsible for determining compliance and if needed, issuing enforcement actions due to non-compliance. Depending on the type and quantity of emissions, sources are required to obtain permits and conduct activities such as testing, monitoring, recordkeeping and reporting to demonstrate compliance. The ACES staff uses a combination of

inspections, performance test evaluations, report reviews, technical assistance and enforcement actions to ensure facilities comply with applicable air quality regulations and permits.

The **Air Permitting Section (APS)** is responsible for reviewing air quality permit applications and issuing permits for air emissions in accordance with state and federal air quality regulations. Air quality control permits are issued with the goals of conserving air quality, controlling air pollution and providing quality service to customers.

The **Air Monitoring and Planning Section** administers the air monitoring and modeling program and the emissions inventory program. In cooperation with three local agencies, section staff operate an air monitoring network, which provides air quality data from 30 sites around the state. The monitoring data is analyzed to determine compliance with national ambient air quality standards and to evaluate air quality trends. Other activities include providing outreach on air quality improvement and management of the diesel emission reduction grants.

2011 Accomplishments

- Issuance of more than 600 Air Construction Permit Documents that allow Kansas companies to build new or expand existing facilities.
- Implementation of a plan to reduce the effects of burning within the Flint Hills.

The **Bureau of Environmental Field Services (BEFS)** provides service to the public and to the other Division of Environment bureaus through regulatory and compliance efforts, complaint and emergency response, environmental monitoring and assessment and pollution prevention efforts. This bureau often serves as the public's first point of contact for investigation and assistance. BEFS maintains a central office in Topeka as well as six district offices, located in Chanute, Dodge City (with a satellite office in Ulysses), Hays, Lawrence, Wichita and Salina. The activities of the bureau directly support the division's air, water, waste management and storage tank regulatory programs. These activities are implemented under working agreements between BEFS and the other four bureaus.

2011 Accomplishments

The accomplishments of BEFS district office staff were substantial and demonstrate their commitment to working efficiently and effectively to protect public health and the environment.

Collectively, district staff completed:

- 302 public water supply inspections
- 396 wastewater treatment plant inspections
- 589 air emission source inspections
- 389 open burn site inspections
- 854 confined animal feeding facility inspections
- 308 hazardous waste generator inspections
- 580 solid waste facility inspections
- 949 underground petroleum storage tank inspections
- 1,063 remediation site visits
- 626 complaint investigations

In addition, district staff provided on-going technical support to county health departments and other local agencies through the Local Environmental Protection Program and Watershed Restoration and Protection Strategy Program; responded to disasters, which included the Missouri River flooding and Joplin tornado in 2011; provided oversight of containment and recovery efforts at spill sites; collected weekly samples during the recreation season in support of the Agency's Harmful Algal Bloom policy and delivered technical assistance on a daily basis.

- The bureau contracted with Kansas State University's Pollution Prevention Institute (PPI) for the Small Business Environmental Assistance Program and the Pollution Prevention (P2) Program. Under these two programs, PPI provided technical assistance via hotline and e-mail to over 720 requests and also performed approximately 37 on-site visits for technical assistance. In addition to the technical assistance, PPI hosted webinars, workshops and seminars on air quality and water quality topics and continued with a P2 intern program in which students are placed at a facility for a summer internship for the purpose of researching and implementing pollution prevention and energy efficiency projects.
- The bureau hosted the 2011 Kansas Environmental Conference in August in Topeka. The goal of the conference was to provide businesses, community leaders, consultants and the public with an understanding of new regulations, current trends in environmental quality, new technologies and advantages of pollution prevention. Approximately 400 people attended the conference.

Bureau of Environmental Field Services

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Small Business Public Advocate

1-800-357-6087

Northeast District, Lawrence

785-842-4600

North Central District, Salina

785-827-9639

Northwest District, Hays

785-625-5663

Southeast District, Chanute

620-431-2390

South Central District, Wichita

316-337-6020

Southwest District, Dodge City

620-225-0596

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Bureau of Environmental Field Services

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- The BEFS staff working out of Topeka implemented the department's statewide water monitoring programs; provided technical and analytical support to address statewide blue-green algae blooms; performed a joint screening-level study with EPA to quantify prevailing concentrations of selected contaminants in Village Creek's surface water, sediment and fish tissue; initiated sub-watershed monitoring for a subset of the state's water quality-limited streams at the request and budgetary support from KDHE's Bureau of Water; analyzed recent fish tissue contaminant data and updated the state's list of fish consumption advisories; and under a one-year EPA-funded grant, assisted fieldwork to characterize the attributes of our state's high quality watersheds and conducted stakeholder meetings to assess support for reference stream protection.

The **Bureau of Environmental Remediation (BER)** works to protect and preserve our state's water supply, both groundwater and surface water, as well as the health and welfare of Kansans, from the effects of environmental contamination. The bureau houses a number of programs with the primary function to identify, investigate and remediate contaminated areas of the state. The bureau provides a framework of policies and quality assurance and quality control procedures to insure collection of consistent reliable data. Important elements of the framework are consistent cleanup standards and priority ranking systems used to ensure that limited resources are focused on the sites that pose the greatest risk to the general public.

Bureau of Environmental Remediation

Contact Information

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www.kdheks.gov/ber

Contaminated sites are referred to the bureau through a variety of mechanisms, including environmental audits, spill reporting, self-reporting of contamination, referrals from U.S. EPA or other government agencies, routine sampling of water supply wells or complaints from the public. Threatened or impacted drinking water supplies are of primary concern and consequently receive high priority to protect and restore safe drinking water supplies.

Programs/Sections

The **Assessment and Restoration Section** is responsible for corrective action at landfills; tracking and clean-up at emergency spill response sites; administration of the Dry-cleaning Facility Release Trust Fund; state oversight of U.S. EPA National Priorities List "Superfund" sites; state oversight of U.S. Department of Defense sites and implementing natural resource damage and assessment activities.

The **Remedial Section** is responsible for assessment, investigation, cleanup, monitoring and long-term stewardship of contaminated sites throughout Kansas. The Remedial Section accomplishes its goals through various cleanup programs and works in a cooperative partnership with the public, industry and local government. The programs include the Site Assessment program, State Cooperative program, Voluntary Cleanup and Property Redevelopment program, Brownfields program, State Orphan Sites program and the Environmental Use Control program .

The **Storage Tank Section** is responsible for the enforcement of state and federal storage tank regulations designed to prevent releases of petroleum and hazardous substances from storage tanks and for corrective action at petroleum storage tank release sites. The section administers the Underground Storage Tank (UST) and Aboveground Storage Tank (AST) Release Trust Funds which provide tank owners and operators with a financial mechanism to address releases of petroleum from their storage tanks. The programs are funded through a \$0.01 tax per gallon of fuel sold in the state.

The **Surface Mining Section** consists of three basic programs: the Administration and Enforcement Program is responsible for issuing of new coal mining permits, inspecting active permitted coal mines, and enforcing regulations pertaining to active coal mining operations; the Abandoned Mine Land (AML) Program reclaims coal mines abandoned prior to the passage of PL 95-87; and the Emergency Program abates coal mining related hazards that have an immediate and imminent impact on the health and safety of the public.

2011 Accomplishments

- The State Brownfields program cleared over 380 acres across the state for redevelopment and reuse. The program provides assessments to determine the environmental condition of the property at no cost to an eligible property owner and can be performed before a prospective purchaser takes title to the property to satisfy the federal due diligence requirement. The program also held a workshop in Topeka, which over 70 participants from local governments and planning groups attended.

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Bureau of Environmental Remediation

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- The State Water Plan program completed a remediation project at the former Sunflower Refinery in Niotaze. Over 3,000 cubic yards of waste material were moved from an area next to a residential property to a consolidation cell. The wastes were placed in an above-grade containment cell on low permeability clay approximately 12.5 feet above the ground surface. Revegetation was performed for the containment cell and excavated areas throughout the site. An Environmental Use Control was placed on the property.

- The State Cooperative program signed a Consent Agreement with the Trustee of the General Motors bankruptcy to clean up

the former General Motors Fairfax I Plant which consists of approximately 97 acres of contaminated property in the industrialized Fairfax District of Kansas City, Kansas. A negotiated settlement amount of \$4.6 million was established by the bankruptcy court which will cleanup the property to facilitate interest in future redevelopment.

- The Voluntary Cleanup and Property Redevelopment program currently manages 356 active participating sites and has issued over 200 No Further Action Determination letters. The program receives numerous requests to expedite projects because of an impending property transaction or construction of a new business. To date, over 2,500 acres of property have been cleared for reuse/redevelopment by the Program.
- The Storage Tank program operated 180 remedial systems to protect PWS wells and aquifers from petroleum releases at tank sites across the state. Treatment systems on PWS wells operated in the cities of Colby, Hanston, Hays, LaCrosse, Manhattan, Miltonvale, Moscow, Park, Park City, Salina, Satanta, Scott City and White City. The program provided emergency responses to curtail petroleum releases from underground and aboveground storage tank facilities in the cities of Mission and Cedar Vale. In projects aimed at encouraging redevelopment of former gas station properties, the program conducted removal actions of petroleum contaminated soil at 12 abandoned storage tank sites in the cities of Alta Vista, Augusta, Galesburg, Glasco, Great Bend, Horton, Kansas City, Kinsley, Natoma, Riley and Wichita.
- The Surface Mining Section (SMS) Abandoned Mine Land (AML) Program began remediating the hazards associated with the Whitmore Pits AML Project and the Star Valley Road AML Project. The projects remediated Priority 2 highwall hazards associated with past coal mining along 4,670 linear feet of South 180th Street and within Kansas Department of Wildlife, Parks, and Tourism (KDWPT) Mine Land Wildlife Areas 7 and 8 in Crawford County and 2,708 linear feet of Priority 2 dangerous highwalls along NW Star Valley Road in Cherokee County. Vertical Openings associated with 21 past coal mining sites and 23 past lead and zinc mining sites were plugged to abate the hazards. Emergency investigations were performed at 71 sites, resulting in abatement of 32 emergencies.
- The Assessment and Restoration Section worked with the Treece Relocation Assistance Trust, a State Public Trust, using federal and state funding to provide relocation assistance to citizens in and around Treece, Kansas. Treece is a town on the Oklahoma border where much of the town had been undermined and contaminated from historical lead, cadmium and zinc mining operations. Owners of property in this area typically were not able to secure financing due to environmental conditions and many could not afford to move to safer areas. Remediation of the mining waste in the area is ongoing and expected to take up to 15 years in Kansas and 40 years in Oklahoma. This relocation project provided the citizens an opportunity to relocate out of the area.
- The Dry Cleaning Remediation program and stakeholders were able to complete expedited soil assessment and/or remediation activities at former dry cleaning facilities in Wichita and Seneca. Both sites were awaiting corrective action funding from the Dry Cleaning Environmental Response Trust Fund and the expedited corrective action was performed in a time frame that allowed property redevelopment to be completed as desired. KDHE was able to help future occupants understand and accept potential corrective actions that will occur at the site and that these activities will be performed to minimize impact to their businesses.
- The bureau provided 24-hour spill response coverage for the Division of Environment and took in 718 spill reports with 247 sites visited by agency staff. Eight spills required additional assessment and long-term remediation. Included were four mercury spills that required agency response.

The mission of the **Bureau of Waste Management (BWM)** is to minimize the health and environmental impacts associated with the generation, storage, transportation, treatment and disposal of all solid and hazardous waste in Kansas. The bureau combines traditional regulatory activities such as permitting and inspections with technical and financial assistance. Conferences, workshops and technical newsletters target businesses and local governments that generate or manage waste at landfills, transfer stations, incinerators, processing facilities, compost sites, recycling centers and private businesses. Solid waste grant programs provide financial aid to stimulate recycling, e-waste collection, composting and household hazardous waste collection. The bureau also administers the “Kansas Don’t Spoil It” public education campaign and other outreach initiatives to increase awareness and provide guidance on proper waste management practices.

Bureau of Waste Management

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www.kdheks.gov/waste

www.kansasdontspoilit.com

Programs/Sections

The **Solid Waste Permits Section** administers a broad permit program to ensure that all solid waste facilities are operated in a manner that protects human health and the environment. Over 500 active permits have been issued to the following types of facilities: composting, construction/demolition landfills, household hazardous waste collection centers, incinerators, industrial landfills, landfarms, medical waste processors, mobile tire processors, municipal solid waste landfills, solid waste processors, tire collection centers, tire monofills, tire processing facilities, tire transporters and transfer stations. This section also oversees the county solid waste planning process and landfill gas recovery systems.

The **Hazardous Waste Permits Section** is responsible for administering the federal Resource Conservation and Recovery Act (RCRA) Subtitle C permit program and other enforceable orders and agreements related to the storage and treatment of hazardous wastes. This includes overseeing hazardous waste combustion in two cement kilns and remedial work at Kansas businesses that presently manage hazardous waste, or did so in the past. This section also oversees certain aspects of the management of polychlorinated biphenyl (PCB) waste in Kansas.

The **Compliance Assistance & Enforcement Section** administers an enforcement program that ensures that all generators and handlers of solid and hazardous waste comply with applicable laws and regulations. The section uses a balance of traditional enforcement and technical assistance tools to accomplish this goal. The section encourages hazardous waste generators to participate in a voluntary “compliance assistance visit” where KDHE staff carry out facility audits outside of the normal inspection process to help ensure compliance with applicable requirements. The section also manages multiple databases related to monitoring and recording compliance at all Kansas facilities. The section administers the statewide illegal dump clean-up program, the special waste disposal authorization program, the tire retailer inspection program and the household hazardous waste collection center program.

The **Waste Reduction, Public Education and Grants Unit** administers multiple non-regulatory programs designed to improve waste management in Kansas. Grant programs in recent years have focused upon the implementation of recycling and composting in schools, e-waste collection and the purchase of products made from recycled waste tires. Public education and awareness efforts include the “Kansas Don’t Spoil It” program, the “Get Caught Recycling” program, the “Green Schools” initiative and “Green Guide” which is a biweekly electronic newsletter containing various environmental guidelines and tips. This unit coordinates waste reduction activities with state, regional and national organizations and the annual WORKS! Conference related to waste reduction and energy recovery from wastes.

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Bureau of Waste Management

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2011 Accomplishments

- The bureau worked with the Kansas Division of Emergency Management, the U.S. Army Corps of Engineers, Lyon County and multiple private landfill owners to ensure that the debris generated by the Reading and Joplin tornados was properly managed. The bureau directed the establishment, use and closure of a disposal site for the Reading debris. The bureau also worked closely with numerous parties involved in the disposal of Joplin debris in Kansas landfills. About 250,000 tons of debris has been disposed in five Kansas landfills.
- The bureau continued the “Green Schools” initiative designed to educate and encourage K-12 schools to adopt and follow environmentally friendly practices. Greens School grants totaling \$106,815 were awarded to 36 schools to implement projects to reduce their environmental impacts including various forms of recycling and composting. All the grant-funded projects include direct environmental benefits along with educational learning objectives and student involvement.
- The bureau worked with Garden City and provided grant funding to establish a needed household hazardous waste collection facility in southwest Kansas. The grant of \$138,000 will be combined with city funds to retrofit old city buildings for this operation. It is anticipated that the program will expand in later years to serve multiple counties presently without this service.
- The bureau continues to provide guidance and technical training at the annual WORKS Conference to landfills and other waste generators to produce, recover and utilize methane gas which is a byproduct of the anaerobic decomposition of organic waste. While landfills remain the primary source of methane, other waste streams and industries have significant potential including meat packing plants, municipal waste treatment, dairies, wood product manufacturers (sawdust) and various food processing facilities. Currently, at least 10 facilities are recovering and using methane generated by waste decomposition.
- The bureau implemented a new voluntary program called “Compliance Assistance Visits” to help regulated parties better understand applicable rules and give them an opportunity to correct problems outside of the traditional compliance and enforcement program. Upon request, bureau staff visit facilities and perform unofficial inspections to guide owners and operators into compliance.
- The bureau implemented a new liquids disposal program at certain qualifying municipal solid waste landfills. This program which required approval from the U.S. EPA allows the bureau to approve of the disposal of hard to manage liquid wastes which has many benefits including enhanced biodegradation and stability of the entire waste mass, more recoverable methane gas generation, added revenue for the landfill and improved waste settling increasing landfill capacity.

The mission of the **Bureau of Water (BOW)** is to protect and improve the health and environment of Kansas through effective management of water quality in waters of the state. The Bureau of Water is responsible for carrying out programs under the federal Clean Water Act and Safe Drinking Water Act. The various program activities include: permitting wastewater discharges; ensuring public water supplies provide safe, clean drinking water; water well construction; underground injection control; infrastructure financial assistance; livestock waste management; nonpoint source pollution control; training for water and wastewater plant operators; establishing surface water quality standards and developing total maximum daily load criteria. These programs support the KDHE and Division of Environment missions of protecting public health and environment for Kansans.

Bureau of Water

Contact Information

Phone: 785-296-5500

Website:

www.kdheks.gov/water

Programs/Sections

The **Geology Section** administers the Underground Injection Control (UIC), the Underground Hydrocarbon and Natural Gas Storage, Water Well Licensing, and Water Well Construction and Abandonment programs. The Geology Section also provides hydro-geologic and technical support for other BOW programs.

The **Industrial Programs Section** administers regulatory permitting programs for the handling, treatment and disposal of industrial wastewater; the pretreatment of industrial wastes directed to municipal wastewater collection and treatment systems and the quality of storm water runoff associated with industrial or construction-related activities subject to federal Clean Water Act provisions or Kansas surface water quality standards.

The **Livestock Waste Management Section** works to protect the waters of the state by educating and assisting the regulated community, reviewing and issuing livestock waste management permits and ensuring compliance with applicable statutes, regulations and permitting requirements.

The **Municipal Programs Section (MPS)** provides technical review and engineering approval of design plans and specifications for municipal and commercial wastewater collection and treatment systems and administers the Kansas Water Pollution Control Revolving Fund to provide low-interest loans to municipalities for wastewater system improvements. MPS coordinates with the bureau's Technical Services Section in the development and reissuance of nearly 1,000 commercial and municipal permits for existing and new wastewater treatment systems and larger municipal storm water systems.

The **Public Water Supply Section (PWSS)** is charged with regulating all public water supply systems in the state and assisting them in providing safe and potable water to the people of Kansas. The PWSS oversees in excess of 1,000 public water supply systems, including municipalities, rural water districts and privately owned systems. These systems may serve small communities of several families, to a city of more than 300,000 people.

The **Technical Services Section (TSS)** provides engineering and operational surveillance of wastewater facilities, carries out a compliance and enforcement program, implements the statewide water and wastewater operator training and certification program, develops statewide surface water quality standards and issues permits for new or expanded systems. TSS coordinates with the Bureau of Environmental Field Services to provide technical assistance and education to drinking water suppliers and wastewater treatment operators.

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Bureau of Water

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The **Watershed Management Section** implements the Kansas Nonpoint Source Management plan designed to eliminate or minimize pollution that does not come from the end of a pipe. The section implements Section 319 of the Clean Water Act, 401 and 404 Water Quality Certification Program, Source Water Protection Planning, Local Environmental Protection Program and the Watershed Restoration and Protection Strategy Program. The programs above develop strategies, management plans, local environmental protection plans and county environmental codes which are intended to control nonpoint source pollution.

The **Watershed Planning Section** implements Sections 303(d) and 303(e) of the Clean Water Act. The section is responsible for identifying and prioritizing impaired streams, lakes and wetlands and for developing total maximum daily load (TMDL) criteria for high-priority water bodies as required by the Act.

2011 Accomplishments

- \$3.1 million was awarded to 33 Watershed Restoration and Protection Strategy (WRAPS) projects now covering 48 percent of Kansas.
- Local Environmental Programs cover 101 counties and were awarded \$750,000 for local work addressing water quality and public health protection.
- The Kansas Water Pollution Control Revolving Loan fund and the Kansas Public Water Supply Loan Fund completed a new master Financing Indenture to cross-collateralize the borrowing of the two programs, enhancing the financial stability of both programs. These programs provide low interest loans to municipal drinking water and wastewater infrastructure projects.
- More than 300 water and wastewater operators received training at the 92nd Annual Water and Wastewater Operators School in Lawrence.
- Contracted with Kansas Rural Water Association to provide technical assistance to wastewater utilities struggling to meet compliance.
- Continued implementation of the State Nutrient Reduction Plan. Nearly half of the state's municipal wastewater treaters are meeting the Plan's goals.
- The overall compliance rate for wastewater dischargers is over 94 percent. Drinking water compliance rates indicate 93 percent of the population received drinking water from systems without any violations.
- Real time information on individual public water supplies is now available to the public online via the Kansas Drinking Water Watch application.
- Participated in the planning and attended the Governors Economic Summit on Animal Agriculture. Continuing participation in follow up meetings to implement the outcomes of the summit.
- To date, 400 livestock feeders submitted nutrient management plans to address nutrients.
- Worked with the Kansas Geological Survey through a contract with them to develop and deploy a web based system for the submittal of water well records by KDHE licensed water well contractors. This system also automatically populates the water well data base used by numerous entities including government agencies, water well contractors, consultants and industry.
- Worked with a facility to implement a project stabilizing legacy salt caverns in Hutchinson by filling with sand to prevent collapse which would have destroyed a railroad's mainline tracks and would have threatened public safety.
- Approximately 130 people attended an education seminar focused on well contractors, consultants, injection and storage well operations and government agencies. Topics included Carbon Dioxide sequestration, salt cavern filling, wind energy, mechanical integrity testing of injection wells and water management issues.

The mission of **Kansas Health and Environmental Laboratories (KHEL)** is to provide timely and accurate analytical information for public health in Kansas and to assure the quality of private laboratory services through a certification and improvement program. KHEL is the only public health laboratory in Kansas serving to protect the public from diseases and environmental hazards. KHEL is an integrated laboratory that analyzes both health and environmental samples. The testing provided by KHEL supports the agency's health and environmental programs through detection of diseases or environmental contaminants.

Health and environmental analytical testing are performed in accordance with rigid scientific standards. KHEL is inspected and approved by the Environmental Protection Agency (EPA) and is certified under the federal Clinical Laboratory Improvement Amendment (CLIA) of 1988.

KHEL receives over 54,000 environmental samples per year and reports over 150,000 parameters for public water supplies, surface water, hazardous waste and other environmental media. KHEL analyzes over 127,000 clinical specimens per year for diseases, disorders and other public health threats. KHEL also houses a Centers for Disease Control and Prevention (CDC) reference laboratory for emergency response actions.

Information generated by KHEL is used to diagnose and prevent diseases, investigate food borne illness, monitor public water supplies and identify hazardous materials. Staff performs certification site visits at more than 2,000 health, environmental and evidential breath alcohol testing agencies. This enforcement and training effort ensures the quality of laboratory data which touches the lives of each Kansas citizen.

2011 Accomplishments

Laboratory Information Management System (LIMS)

2011 brought about some exciting developments with regards to KHEL's Laboratory Information Management System (LIMS). A request for proposal was developed to purchase an off-the-shelf computer LIMS to replace the current, obsolete computer system. A vendor was selected and work has begun to implement this new system. The LIMS will move KHEL to the cutting edge of automating sample submission, analytical data handling and result reporting. Clients will be able to electronically submit demographic data and receive electronic reports. This will increase efficiency in detection and tracking of diseases allowing better patient care as well as providing environmental data to public water supplies and environmental programs to address public health concerns. Data exchange will be available to all state and federal partners through standardized electronic data deliverables.

Public Health Interoperability Project (PHLIP)

KHEL initiated a critical step in electronic laboratory data messaging with a site visit from the Public Health Lab Interoperability Project (PHLIP) Project Assistance Team (PAT) in July. The PAT included Association of Public Health Laboratories consultants working with CDC to upgrade State Public Health laboratory data transfer systems to HL7 messaging using national standard code sets. The PAT, KHEL, KDHE IT, and Bureau of Epidemiology and Public Health Informatics staff are implementing electronic transfer of influenza surveillance data to the CDC via PHLIP. Various process improvements have enhanced the quality of data transmitted, such as including ILINet (sentinel) facility information to CDC. Kansas is the first state in the nation to provide this data via PHLIP and is currently sending legacy data in production mode.

Kansas Health and Environmental Laboratories

Contact Information

Phone: 785-296-0801

Website:

www.kdheks.gov/labs

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Kansas Health and Environmental Laboratories

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Environmental Section

Compliance monitoring to test public drinking water is performed at KHEL for over 1,000 public water supplies utilities throughout the state. To better serve these systems, an electronic system for scheduling and tracking compliance samples was fully implemented. This allowed the agency's public water municipal program to enter the compliance schedule once and then electronically transfer this information to the laboratory eliminating the need for KHEL to manually schedule over 45,000 samples. KHEL continued to analyze surface water, remediation, and hazardous waste samples to support the assessment of surface waters as well as environmental conditions of abandon waste sites.

KHEL houses the only radiochemistry laboratory in the state. This laboratory analyzes samples from public water supplies, surface water samples and samples around Wolf Creek Nuclear Power Generating Station. The radiochemistry laboratory has completed the 2nd of a 5-year Cooperative Agreement with the EPA. The project focuses on enhancing and increasing the capabilities of the lab to respond to radiological incidents in and around the State of Kansas. The laboratory has completed a method validation for the rapid analysis of radiostrontium during a radiological incident response. There are several more methods that the lab will be validating in the next year and throughout the life of the project. In addition, the lab serves as the Radiological Emergency Response lab for the State and as a regional response lab for the EPA.

Table 1. Number of Environmental Samples Tested at KHEL in 2011

Environmental Samples Analyzed	Samples Ran in 2011 Estimated for December
Radiochemistry- Public Water Supplies	315
Radiochemistry- Wolf Creek	760
Radiochemistry-Misc	150
Environmental Chemistry- Public Water Supplies	10,263
Environmental Chemistry-Ambient Water	2,706
Environmental Chemistry- Remediation Samples	1,700
Environmental Chemistry- Hazardous Waste	281
Environmental Chemistry- Air Monitoring	434
Environmental Micro	38,000
TOTAL	54,609

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Health Section

The neonatal laboratory analyzes 41,000 Kansas newborns for 28 genetic disorders annually. 55 infants have been diagnosed this year with a genetic disorder including disorders such as cystic fibrosis, sickle cell anemia, and hypothyroidism using the KHEL newborn screen. Unless these diseases are identified and treated early, they can cause severe illness, mental retardation, or in some cases death. Detection and tracking of diseases is an integral component to patient care. Twenty-two outbreaks associated with food-borne illnesses like Listeria, Salmonella, Norovirus and E-coli have been supported by KHEL resulting in 54 food and human specimens analyzed in an effort to track and prevent potentially life threatening diseases. KHEL also tests for lead levels in blood, influenza and multiple harmful bacteria and viruses.

Kansas Health and Environmental Laboratories

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Table 2: A breakdown of samples analyzed in the Health Section by type of test.

Health	Samples Ran in 2011 Estimated for December
Neonatal Chemistry	41,976
Blood Lead	11,256
Bacteriology and Enterics	1,437
Parasite	1,249
Hepatitis	3,699
TB	5,756
Rubella	3,097
Virus	1,427
HIV	15,527
Syphilis	18,460
Chlamydia	23,478
Misc (VMCR)	20
TOTAL	127,382

Division of Health Care Finance

The mission of the Division of Health Care Finance is to develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion oriented public health strategies. The powers, duties and functions of the Division are intended to be exercised to improve the health of the people of Kansas by increasing the quality, efficiency and effectiveness of health services and public health programs.

Division of Health Care Finance is responsible for:

- Purchasing health services for children, pregnant women, people with disabilities and the elderly through the Medicaid program, the Children's Health Insurance Program (CHIP), and the state-funded MediKan program.
- Providing benefits for persons qualified to participate in the State Employee Health Plan for hospitalization, medical services, surgical services, non-medical remedial care and treatment rendered in accordance with a religious method of healing and other health services.
- Giving high quality medical care, prompt disability and death benefits, return to work options and customer service to state employees covered under the Kansas Workers Compensation Act.
- Supplying administrative support and financial services to all of DHCF's program areas.
- Computing the fiscal impact of proposed policies, forecasting caseloads, providing analytical support to program managers and program reviews and responding to ad hoc analytical requests related to the Medical Management Information System (MMIS) from stakeholders within and outside of DHCF.
- Overseeing numerous programs and activities which spend Medicaid funds and are managed by other state agencies to ensure adherence to state and federal regulations.
- Managing the Medicaid State Plan and process regulations. Staff members track and evaluate legislative activities which might have an impact on the activities of DHCF, both at the state and federal levels.

Medicaid and HealthWave

Contact Information

Phone: 785-296-3981

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www.kdheks.gov/healthwave

The **Medicaid and HealthWave** programs are responsible for purchasing health services for children, pregnant women, people with disabilities, the elderly through the Medicaid program, the Children's Health Insurance Program (CHIP), and the state-funded MediKan program. On average, about 300,000 Kansas are enrolled in these programs each month.

Medicaid is a federal-state program that provides health and long-term care services to people with low-incomes. All states currently participate in the Medicaid program and federal matching funds are available for the costs of these services. As a condition of state participation, each state must agree to cover certain populations and provide certain services. DHCF is directly responsible for the purchase of health care services funded through the Medicaid

program, while the Department on Aging and the Department of Social and Rehabilitation Services are responsible for administering long-term care services and behavioral health services.

Nearly all health care services purchased by DHCF are financed through a combination of state and federal matching dollars either through Title XIX (Medicaid) or Title XXI (the Children's Health Insurance Program, or CHIP) of the Social Security Act. Under Title XIX, the federal government provides approximately 60 percent of the cost of Medicaid services with no upper limit on what the federal government will reimburse the State. The State provides the remaining 40 percent of the cost of Medicaid services. Under Title XXI, the Federal government provides approximately 72 percent of the cost up to a maximum allotment, and the State provides the remaining 28 percent and any excess spent above the federal allotment. Unlike Medicaid, CHIP is not open-ended; states are awarded yearly allotments. Health care services are purchased through both traditional fee-for-service and managed care models as described below.

CHIP provides health care coverage for low-income children living in families with incomes that exceed Medicaid limits. Kansas provides low-cost health insurance coverage to children who are under the age of 19, do not qualify for Medicaid, have family incomes under the 250 percent of the federal poverty level and are not eligible for state employee health insurance and are not covered by private health insurance.

Medicaid services are purchased through either a fee-for-service model or a managed care model. In the fee-for-service model, the State pays the provider directly. In the managed care model, the State pays a managed care organization (MCO) a monthly payment for each beneficiary. The MCO contracts with providers and pays them for services. CHIP is provided only in a managed care model. Medicaid managed care and CHIP are combined into one program, called HealthWave, designed to provide one seamless managed care option for families.

The MediKan health program covers adults with disabilities who do not qualify for Medicaid, but are eligible for services under the State's General Assistance program. MediKan provides limited benefits to adults whose applications for federal disability are being reviewed by the Social Security Administration. Health benefits include the provision of medical care in acute situations and during catastrophic illness. Overall, the scope of services covered by MediKan is similar to that covered by Medicaid, but a number of restrictions and limitations apply.

There are four sections within the Medicaid and HealthWave Program areas, each with a number of teams and/or units which together work to manage and continually improve the Medicaid and HealthWave programs.

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Medicaid and HealthWave

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Operations

The Operations section administers the operational components of the Medicaid and HealthWave programs. This section is responsible for the procurement, management and oversight of all contracts that include Medicaid and CHIP funding. The Operations section oversees more than 150 contracts valued in excess of \$500 million, and is responsible for program integrity and the management of third-party liability collections from primary insurance carriers and Medicare. There are three units within the Operations section:

1. Business Analysis, Testing and Claims Management,
2. Project Management and Business Coordination, and
3. Contracts and Fiscal Operations.

The Director of Operations also oversees the Payment Policy Development and Implementation unit. This unit is responsible for establishing reimbursement rates and upper payment limits, establishing diagnosis-related groups (DRGs) for Medicaid inpatient services and establishing capitation rates for Medicaid and CHIP managed care. The unit also conducts reviews of cost reports and financial data to determine appropriate payments for providers eligible for cost-based reimbursement, such as Federally Qualified Health Centers.

Eligibility Policy

The Eligibility Policy Unit oversees all program, policy, training and outreach activities related to beneficiaries and their enrollment into the program. This unit interprets federal and state laws and regulations, issues policies about who is eligible and how eligibility is determined, coordinates issues related to the customer experience and actively works with community partners to develop strategies for enrolling eligible beneficiaries. The unit works to develop a statewide training strategy for eligibility workers in SRS and KDHE and other community partners who assist with application preparation. Members of this unit ensure that automated systems support eligibility policy.

The Presumptive Medical Disability Team (PMDT) examines disability claims for individuals seeking medical coverage who have not yet been determined eligible by the Social Security Administration.

The Working Healthy unit manages the Working Healthy program, including education, policy, outreach and program promotion, facilitation of enrollment, and premium oversight. The team also manages a Working Healthy supplement personal assistance program called Work Opportunities Reward Kansans (WORK). This unit administers a federal grant that works to encourage, support and sustain employment of people with disabilities.

The Eligibility Clearinghouse staff complete all Medicaid eligibility determinations received at the HealthWave clearinghouse and monitor the performance of the contract eligibility determination staff.

Strategic Purchasing

The Strategic Purchasing section oversees health care purchasing and delivery for two primary Medicaid population groups: low income families and the aged, blind and disabled. DHCF purchases health care through three product lines: capitated managed care, Primary Care Case Management and fee-for-service. The Strategic Purchasing section is responsible for writing, procuring and managing the contracts with our managed care organizations and monitors the delivery of care through Medicaid fee-for-service and the PCCM program- HealthConnect Kansas (HCK). The Strategic Purchasing Unit also monitors utilization trends for the beneficiary populations and develops policy solutions and quality improvements. Four teams accomplish this work.

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The PLE (poverty level eligible populations) team oversees the HealthWave managed care contracts and ensures high-quality care is delivered to beneficiaries through interactions with KDHE's external quality review organization (EQRO). In addition to oversight of the HealthWave programs, the PLE team is responsible for services delivered in the dental, family planning, non-emergency transportation, HealthConnect Kansas, PACE and KanBe Healthy Programs.

Medicaid and HealthWave

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The ABD (aged, blind and disabled populations) team manages the fee-for-service programs for all ABD Medicaid beneficiaries. This includes managing the home health, hospice, therapies, audiology, durable medical equipment, vision, and other services programs for this population.

The Pharmacy team is responsible for directing the Medicaid fee-for-service pharmacy program. This includes coordinating coverage for beneficiaries, overseeing the drug utilization review and preferred drug list processes, and managing the drug rebate programs.

The System Reform Initiatives team examines the Medicaid and HealthWave programs and seeks opportunities for reform and improvement. This is accomplished through research, analysis, examination of programs and initiatives in other states, and identification of best practices and cost-effective policies.

Program Informatics and Continuing Improvement

The Program Informatics and Continuing Improvement (PICI) section consists of a single team, charged with analyzing a wide range of health and health care information that includes programmatic and administrative data as well as market-generated data. This data includes Medicaid and CHIP, the State Employee Health Benefits Plan, State Workers' Compensation Self-Insurance Fund, inpatient hospital claims information, health care provider licensure databases and private insurance data from the Kansas Health Insurance Information System (KHIS).

To access certain data more efficiently, KDHE staff and stakeholders now utilize a Data Analytic Interface. This system allows numerous staff within the Division to access the data, and document, describe, analyze and diagnose Kansas health care programs. The PICI team provides training to other staff members on the DAI system, and uses the DAI to generate usable data, management tools and analytics to facilitate decision making in DHCF programs, initiatives and health care policy.

2011 Accomplishments

- Medicaid and HealthWave staff members drafted a Request for Proposals to provide all Medicaid and HealthWave services through a managed care delivery model. This included working with other agencies and a number of stakeholders to identify and solve potential issues and ensure a successful procurement.
- Pharmacy team members worked with other staff to implement Smart PA, a new system for processing prior authorizations. The new system became active in August to provide a more automated process for physicians and pharmacists.
- The Pharmacy team also worked to adopt a new wholesale acquisition cost-based pricing methodology in mid-September, replacing the former average wholesale price-based reimbursement formula.
- The PLE team worked with existing managed care contractors to foster collaboration and improve the healthcare delivered to Kansas Medicaid and CHIP members through a joint Performance Improvement Plan focused on the treatment and prevention of diabetes.

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Medicaid and HealthWave

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- Working Healthy staff worked with program evaluators at the University of Kansas to publish the results of a nine year study of *Working Healthy*. The *Working Healthy Data Chartbook, 2nd Edition: Kansas Medicaid Buy-In Research and Evaluation 2002 – 2010*, can be found on-line at www.workinghealthy.org. Hard copies are also available.
- Following a procurement and evaluation process that lasted nearly a year, KDHE staff negotiated a contract for the provision of the Kansas Eligibility Enforcement System (KEES) on August 29. The KEES project staff members from KDHE and SRS moved into a dedicated project space, along with contractor staff, in early December to begin implementation.
- The eligibility section implemented several policy and process changes, including passive reviews and pre-populated reviews, to enable KDHE to eliminate an application backlog at the HealthWave Clearinghouse.
- The eligibility section also processed applications received from Social Security as a result of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), including a backlog of applications from the prior year.
- The Operations section completed the implementation of a Recovery Audit Contractor (RAC) in May, in accordance with legislative directive. The RAC program's mission is to reduce Medicaid and CHIP improper payments through the identification and recovery of overpayments.
- The Medicaid and HealthWave programs also developed and managed the implementation plan to switch from the ICD9 to the new ICD10 coding system. DHCF is on target for the implementation of the new coding system in fall 2013.

The **State Employee Health Benefits Program (SEHBP)** administers the State Employee Health Plan (SEHP) and the State Self Insurance Fund (SSIF). The SEHP is administered on behalf of the Health Care Commission (HCC) to provide benefits for persons qualified to participate in the program for hospitalization, medical services, surgical services, non-medical remedial care and treatment rendered in accordance with a religious method of healing and other health services. The mission of the SSIF is to provide high quality medical care, prompt disability and death benefits, return-to-work options and customer service to state employees covered under the Kansas Workers Compensation Act.

The Kansas State Employees Health Care Commission (HCC) is responsible for all decisions regarding the health plans offered to state employees. The statute provides for the HCC to have an Employee Advisory Committee. The Employee Advisory Committee was implemented in 1995 and consists of 21 members: 18 active employees and three retirees serving three-year rolling terms. The Employee Advisory Committee meets quarterly and provides input to staff and the HCC on the health plan.

Covered members in the SEHP include state employees and their dependents and Direct Bill members, which include retired and disabled state employees and their dependents, people on leave without pay, former elected officials, and blind vending facility operators. Over the years, the eligibility to participate in the SEHP has been expanded to include certain non-state public employers and retirees. In 1999, the HCC established administrative procedures and eligibility requirements (K.A.R. 108-1-3) to allow “non-state” educational groups, including unified school districts, community colleges, technical colleges and vocational technical schools, into the state plan. Beginning in 2000, the HCC established administrative procedures and eligibility requirements (K.A.R. 108-1-4) to allow for inclusion of public employers, including cities, counties, townships, libraries, public hospitals, extension councils and certain other public entities.

Open enrollment for active participants is held every year throughout the month of October. State employees enroll online during October for their Plan Year (PY) 2012 benefits. This year, for the first time, non-state employees also were able to enroll online in a new web portal. Future enhancements expected during PY 2012 to this web portal will allow the SEHP to enroll new groups online and allow non state groups to update their employees’ eligibility online as well. This change will reduce the need for staff to process and enter paper enrollment forms going forward.

Health Plan Offerings

Medical Plans: For PY 2011, three health plan design options were available to active employees. All of these plans are Preferred Provider Organization (PPO) plans and all are self-funded. These health plan designs are referred to as Plans A, B, and C. For PY 2011, members had the choice of four (4) vendors offering Plans A and B: Blue Cross and Blue Shield of Kansas, Coventry Health Care of Kansas, Preferred Health Systems (PHS) and UMR a UnitedHealthcare Company. Members had a choice of three vendors offering Plan C: Coventry, PHS and UMR a UnitedHealthcare Company.

For PY 2012, Plans A, B and C will again be offered and all plans will be administered for the HCC by Blue Cross and Blue Shield of Kansas, Coventry/PHS and UnitedHealthcare. Current benefit information and the health plan comparison chart are located on the web at: <http://www.kdheks.gov/hcf/sehp/default.htm>.

The **Dental Plan Program** is self-insured and administered by Delta Dental of Kansas. Dental coverage is available to employees and Direct Bill members and their dependents enrolled in the SEHP.

The **Prescription Drug Program** provides all members participating in Plan A and Plan B medical coverage automatic enrollment in the SEHP standard prescription drug coverage administered by Caremark. Plan C

State Employee Health Plan

Contact Information

Phone: 785-296-3981

Website:

www.kdheks.gov/sehp

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State Employee Health Plan

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has a separate drug plan administered by Caremark. For Plan C, prescription drugs and medical benefits are integrated and subject to the plan's overall deductible, copay and coinsurance requirements. On Plan C for PY 2011, after the member had satisfied the deductible, prescription drugs were subject to a copay for each thirty day supply. Beginning with PY 2012, the copay will be replaced by tiered coinsurance. The coinsurance tiers are identical to those in the standard drug plan available on Plans A and B.

Preferred Laboratory Vendors: For PY 2011, Plans A and B offered a preferred lab benefit administered by Quest Diagnostics.

With the preferred lab benefit, when services are performed and billed by a Quest Lab facility, claims are reimbursed at 100 percent of the negotiated discount rate and the member has no out-of-pocket expense for covered lab services. For PY 2012, the SEHP will have two preferred lab vendors offering discount lab services for SEHP members on Plans A and B. Quest will continue to offer the SEHP's statewide and nationwide preferred lab benefit and Stormont-Vail HealthCare will be added as a regional preferred lab vendor in the northeast Kansas area.

The SEHP offers two insured **Voluntary Vision Plan Programs** through Superior Vision. Vision insurance is entirely employee-paid coverage. Members can enroll in the Basic or Enhanced plan. Members have access to Optometrist, Ophthalmologists, Chain stores and Mail order contact lenses options. With the addition of the discount chain stores access has increased for members who live in a rural area.

The SEHP offers a **Voluntary Group Long Term Care Insurance Program** through Genworth Life Insurance Company. The program is offered to State of Kansas benefits eligible active employees, retired employees and their family members. The long term care insurance is entirely employee-paid coverage and is not available through payroll deduction.

The **Premium Billing Administrative** services are provided for the non state public employers and direct bill programs offered through the State Employee Health Plan. The administrator provides invoices to the members, collects premiums and remits premiums back to the State.

The health plan contracts with a third-party administrator for administration of the **COBRA Administration Program** for COBRA continuation benefits, premium collection, annual COBRA open enrollment administration, record keeping, and the administrative and accounting responsibilities added by the American Recovery and Reinvestment Act (ARRA).

Senate Substitute for House Bill number 2160, which passed during the 2010 legislative session, required the SEHP to offer an **Autism Spectrum Disorder Pilot Program**. The prescribed coverage was added for PY 2011. A report to the legislature on the utilization of this benefit will be provided by March 1, 2012, as required by the bill.

The SEHP's HealthQuest Wellness Program goal continues to be improving the health of members and decreasing overall health costs. The non-tobacco user discount instituted in 2009 continues to be offered to all employees. Those using tobacco cessation products are offered an opportunity to participate in a tobacco cessation program in order to receive a \$40 per month premium discount.

Beginning with PY 2013, the tobacco discount program will be replaced by the **HealthQuest Rewards Program**. The new rewards program encompasses a wide variety of health improvement programs. The SEHP wants to engage a broader number of employees in the discussion about their health and wellness. Improving the health of the plan members will help to reduce the number and severity of claims and will save the plan and employees money in the long run. As with the current tobacco discount program, participation in the new rewards program is optional. Employees who elect not to participate in the rewards program will still be eligible for coverage under the SEHP at the standard or base premium rate.

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The Workers' Compensation Program for state employees is called the State Self Insurance Fund (SSIF). It is a self-insured, self-administered program. The SSIF is funded by agency rates based on experience rating. The rates are developed by an actuarial service using claims experience, payroll history and caps on expenses. Rates are currently approved by the Department of Administration and published by the Division of Budget.

State Employee Health Plan

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The SSIF manages and processes claims for injuries that arise out of and in the course of employment. Medical compensation to treat the employee's injury does not have a cap. Medical payments to providers are based on a fee schedule developed by the Workers' Compensation Division of the Kansas Department of Labor. Additionally, compensation is paid for loss of time, permanent impairment or death. A medical review service is utilized to review claims for medical appropriateness, nurse case management on complex cases and pricing.

2011 Accomplishments

- The 2011 Legislature passed a number of reforms that affected the handling of workers compensation claims by SSIF. This new law (HB 2134) took effect May 15 and made several changes to the workers compensation benefit limits, including: the death benefit was increased to \$300,000; Permanent Total Disability benefits are now limited to \$155,000; Permanent Partial Disability benefits are now limited to \$130,000 and Functional Impairment benefits limited to \$75,000. The State Employee Health Plan (SEHP) entered into a contract in 2011 with a third party vendor to develop an enrollment portal for the Non State Public Employer groups and Direct Bill members. In the past, all enrollment activities for these two programs were completed on paper forms, scanned and hand keyed by Membership Services staff. For the 2012 open enrollment, the Non State Public Employers and Direct Bill members could enroll online via the Kansas Employee Eligibility Portal during their open enrollment period. The portal has the capacity to allow the Non State Public Employer groups to provide online enrollment capabilities for all newly hired members of existing groups as well as new groups joining the SEHP. In addition, members will be able to conduct maintenance to their own demographic information.
- Implemented an Autism Spectrum Disorder Pilot to provide coverage of services for the diagnosis and treatment of autism spectrum disorder in any covered individual enrolled in the SEHP whose age is less than 19 years.
- Improved Workplace Health and Wellness within the State Employee Health Benefits Program by developing a new health and productivity program "HealthQuest Rewards Program". The State Employee Health Benefits Program developed this program to increase the promotion of health and wellness in the health benefits plan of state employees by developing a new health and productivity program built on an effective health risk assessment program which consists of incentive design and delivery, web interactive programming, education, coaching and capture of appropriate data for future planning. Emphasis is placed on tobacco cessation, obesity and diabetes management.
- Implemented a Limited Purpose Flexible Spending Account (FSA) program for employees that are enrolled in a High Deductible Health Plan with a Health Savings account. The limited purpose FSA provides members the opportunity to set aside money on a pre-tax basis for eligible anticipated out-of-pocket health care expenses for dental and vision claims.
- The SEHP completed the application process and was approved to participate in the Early Retiree Reinsurance Program (ERRP). The SEHP submitted a claims file for consideration and received reimbursement of \$2.8 million from the program. The ERRP was established as part of the PPACA. The program provides reimbursement to participating employment-based plans for a portion of the costs of health benefits for early retirees and early retirees' spouses, surviving spouses, and dependents. The proceeds must be used (1) to reduce the sponsor's health benefit premiums or health benefit costs, (2) to reduce plan participants' health benefit premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs, or any combination of these costs or (3) to reduce any combination of the costs specified in (1) and (2).

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- The SEHP engaged in a complete dependent eligibility audit to ensure all dependents currently enrolled in the SEHP meet the eligibility requirements under the SEHP. Most large employers periodically undertake some type of dependent eligibility review to verify continued eligibility for coverage under the plan.

The **Projections and Informatics** section of DHCF provides administrative support and financial services to all of DHCF's program areas. This section is responsible for computing the fiscal impact of proposed policies, forecasting caseloads, providing analytical support to program managers and program reviews and responding to ad hoc analytical requests related to the Medical Management Information Systems (MMIS) from stakeholders within and outside of DHCF. The Projections and Informatics section provides oversight to numerous programs and activities which spend Medicaid funds and are managed by other State agencies to ensure adherence to State and federal regulations. This section also manages the Medicaid State Plan and processes regulations. Staff members track and evaluate legislative activities which might have an impact on the activities of DHCF. In addition, the section oversees the policy implementation process and evaluates outcomes post-implementation.

Projections and Informatics

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Projections and Informatics also is responsible for the accurate and timely reporting of expenditures and revenues to the federal government and managing cash awards that support the Medicaid program. Within the regulatory compliance function, Projections and Informatics also conducts the Medicaid Eligibility Quality Control project for Kansas Medicaid and CHIP. Medicaid Eligibility Quality Control (MEQC) reviews DHCF and SRS compliance with regulations and policy governing eligibility for Medicaid benefits and how eligibility determinations are made. MEQC also is responsible for oversight of the federally mandated Payment Error Rate Measurement (PERM) project to calculate an aggregate rate of payment errors based on the accuracy of eligibility determinations and claims processing.

Four units comprise the Projections and Informatics section of DHCF. Below is a description of each unit.

Medicaid Eligibility Quality Control

The Medicaid Eligibility Quality Control (MEQC) Unit is monitored by the Center for Medicare and Medicaid Services (CMS). MEQC conducts focused Medicaid eligibility reviews based upon an annual project proposal approved by CMS. MEQC is also responsible for oversight of the federally mandated Payment Error Rate Measurement (PERM) project to calculate an aggregate rate of payment errors based on the accuracy of eligibility determinations and claims processing for both Medicaid and the Children's Health Insurance Program (CHIP).

Medicaid Policy, Coordination and Projection

The Policy, Coordination and Projection Unit (PCPU) is responsible for computing the fiscal impact of proposed policies, forecasting caseloads, providing analytical support to program managers and program reviews and responding to ad hoc analytical requests related to the MMIS from stakeholders within and outside of DHCF. The PCPU provides oversight to numerous programs and activities which spend Medicaid funds and are managed by other State agencies to ensure adherence to State and federal regulations. This unit also manages the Medicaid State Plan and processes regulations. The unit tracks and evaluates legislative activities which might have an impact on the activities of DHCF, both at the state and federal levels. In addition, the unit oversees the policy implementation process and evaluates outcomes post implementation.

Medicaid Payment and Federal Reporting

The Medicaid Payment and Federal Reporting team is charged with fiscal management and accurate financial reporting for DHCF's programs. Key finance activities include: managing the budget submission and adjustment processes; accurately reporting expenditures and revenues to the federal government; prudently managing cash balances and managing receipts and receivables. This team also manages all payables processing, including reconciliation of contractor pay tapes for provider payments, managing contract encumbrances and developing management reports to guide decision making.

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Employee Health Plan Design and Fiscal Management

This unit serves different areas of the Division of Health Care Finance including worker's compensation, the State Employee Health Benefit Plan and Medicaid. The unit provides estimates for plan changes, external agency calculations and projections, including draft calculations for fiscal requests. They also provide reports on membership and expenditures. The Employee Health Plan Design team serves as a liaison for SRS, the Department on Aging, the Juvenile Justice Authority and KDHE -coordinating financial data for the Medicaid expenditures. The team is responsible for maintaining data and disseminating information to external and internal parties for the state employee and worker's compensation groups.

Projections and Informatics

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2011 Accomplishments

- The Policy Coordination and Projection team developed a line-item budget projection tool that allows us to project Medicaid expenditures out five years. The tool takes policy changes into account for services and populations and applies the changes proportionately to the budget so that we can see what impact our decisions make on overall spending.
- The Medicaid Eligibility Quality Control (MEQC) team finalized the results of the FY 2010 MEQC eligibility project which reviewed both DHCF and SRS compliance with regulations and policy governing the eligibility determination for Medicaid benefits.
- The MEQC team began the FY 2011 MEQC project to assess the impact of the DHCF streamlined verification process which included self-declaration on the accuracy and timeliness of the eligibility determination, third party liability identification, and program integrity.
- During the FY 2011 MEQC project, MEQC assisted DHCF in identifying deficiencies in agency processes, high risk areas for inaccurate consumer reporting, and provided recommendations to assist with error prevention.
- MEQC began the FY 2012 MEQC annual project which focuses on state compliance with regulations and policy governing the eligibility for the Qualified Medicare Beneficiary program (QMB).
- MEQC also began the FY 2012 Payment Error Rate Measurement process which will establish a National Error Rate for the state of Kansas.
- The Employee Health Plan Design team developed 10 year projections scenarios to help the Health Care Commission create plan design changes.
- This unit also conducted analysis which resulted in a filing with the federal government's ERRP program for \$2.7 million.
- Employee Health Plan Design also worked with an outside vendor to build a portal for capturing non-state employee enrollments.

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